## 070351-TX

## ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to: 07035/	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
BTEL, Inc. 7266 S.W. 48th Street Miami FL 33155-5525	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
PSC-07-0547-PAA-TX	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0810 0002 3488 0944
Domestic Ret	urn Receipt 102595-02-M-154

DOCUMENT NUMBER-DATE

05695 JUL-98