

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 010383 	A. Signature A. Signature A. Signature B. Referved by (<i>Frinted Name</i>) D. Is delivery address different from item 1? If YES. enter delivery address below: No
NSC Communications Public Services Corporation Mr. John King 6920 Koll Center Parkway, Suite 211 Pleasanton CA 94566-3159	
PSC-07-0651-CO-TC	Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7005 3110 0002 8806 5488	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

07394 AUG 21 5

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