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<ul style="list-style-type: none">■ 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.	A. Signature  X <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____
1. Article Addressed to: 080511 Public Telephone Network, Inc. 900 N. W. 54th Street Miami FL 33127-1818	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label) PSC-08-0563-PAA-TX	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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