

ORIGINAL

**SENDER:**  
 \*Complete items 1 and/or 2 for additional services.  
 \*Complete items 3, 4a, and 4b.  
 \*Print your name and address on the reverse of this form so that we can return this card to you.  
 \*Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 \*Write "Return Receipt Requested" on the mailpiece below the article number.  
 \*The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to: 980 950-Ti  
 Corporate Services Telcom, Inc.  
 360 Merrimac Street, Bldg. 5  
 Lawrence, MA 01843

4a. Article Number 98-85-B

Certified  
 Insure  
 C.O.D.  
9/28  
 Only if requested

5. Signature: (Addressee or Agent)  
X Dorcas Moon

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?  
 Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC   1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
 10014 OCT-18  
 FPSC-RECORDS/REPORTING