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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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 <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> X 
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; text-align: center;">             The Phone Company              8296 S.W. 103rd Street Road              Ocala FL 34481-1702           </div>	B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> Todd Rosenheim <span style="float: right;">6/24</span>
	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  7006 2760 0003 8796 7622 Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span>

090296-TI PSC-09-0453-CO-TI

DOCUMENT NUMBER-DATE

06364 JUN 25 8

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