## ORIGINAL

, a respective to the contract of the contract	
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 Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:
Laston Telecom Services Inc. Robert E. Mocas P. O. Box 550 Richfield OH 44286-0550	Express Mail Return Receipt for Merchandise C.O.D.
	Hoodington Some y? (s Txtra Fee) Yes
2. Article Number (Copy from service label) 7000 0600 0026 4144	1 7858
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

APP CAF CMP COM CTR ECR LEG OPC PAI RGO SEC SER OTH

DOCUMENT NUMBER-DATE
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