SENDER: COMPLETE THIS SECTION		oo ON DEL	IVERY
<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> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please C. Signature X D. Is delivery address If YES, enter delivery	different from ite	<b>—</b>
Access Long Distance of Florida, Jeff Vincent P. O. Box 3177	Inc.	00	11265 -TI
Cedar Rapids IA 52406-3177		☐ Express Ma ☐ Return Rec ☐ C.O.D.	ail eipt for Merchandise
		(Extra Fee)	☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 4144	9005		
PS Form 3811, July 1999 Domestic R	eturn Receipt		102595- <del>99-M</del> -1789

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