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SENDER: COMPLETE THIS SECTION		COMPLETE	THIS SECTION ON	I DELIVEI	RY
 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. 	i. 11	C. Signature	voud!	ta	Date of Delivery - 1 2 - 0 5 - Agent - Addressee
1. Article Addressed to: 040901	genon I		/ address different fro nter delivery address		□ No
GlobalTel Mr. Lance J.M. Steinhart % Telecom Compliance Service 1720 Windward Concourse, Sui		IC.	Sina.		
Alpharetta GA 30005-2293		ervice 7 Certifi	• •	ss Mail	
		☐ Regist	tered Retur	n Receipt	for Merchandise
		4. Restricte	d Delivery? (Extra Fe	e)	☐ Yes
Article Number (Transfer from service label)	2002	0460	0001 175°	754	ā
PS Form 3811, March 2001 Domestic Return Receipt 402595-01-M-1424					

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