NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	/ERY
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.	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	Agent Addressee
Article Addressed to: 040971	D. Is delivery address different from item If YES, enter delivery address below	—
inact Talaphane Company Inc		

Direct Telephone Company, Inc. 6300 Richmond, #301 Houston TX 77057-5927

3.	Service Type  Certified Mail  Registered  Insured Mail	☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.

	,	☐ Insured Mail  4. Restricted Delive	☐ C.O.D.  ry? (Extra Fee) ☐ Yes	
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