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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Signature X. Cacole Abruir Agent B. Received by (Printed Name) C. Date of Delivery CAROLE PARCIEL 7-19-06 D. Is delivery address different from item 1? Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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ezTel Network Service, LLC 436 Lynchburg Avenue Brookneal VA 24528-2652	3. Sérvice Type Certified Mail
PSC-06-0615-PAA-TI	4. Restricted Delivery? (Extra Fee)
2. Article Number	1004 5750 9036
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