## ORIGINAL

RECEIVED-FFSC 06 AUG 23 AH 9: 36 COMMISSION CLERK

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. Signature  A. Signature  A. Signature  A. Agent  Addressee  B. Repaived by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  Yes
1. Article Addressed to: 060465-TC	If YES, enter delivery address below:
MKM Telecommunication Services 199 Russett Lane Crossville, TN 38572-7045	
2 01033viii0, 114 30372-7040	3. Service Type    ACcertified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.
PSC-06-0702-CO-TC	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7005 (Transfer from service label)	1160 0003 8789 5482
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1\$40

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