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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> R. Bryant <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <u>080234-TP-03270-10</u>	B. Received by (Printed Name) C. Date of Delivery <u>Randy Bryant</u>
SUSAN J BERLIN ESQUIRE SPRINT NEXTEL REGULATORY AFFAIRS GAATLD0704 3065 AKERS MILL RD SE 7 TH FLOOR ATLANTA GA 30339	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No 
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <u>7006 2760 0003 8796 8957</u> Domestic Return Receipt 102585-02-M-1540

DOCUMENT NUMBER-DATE

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