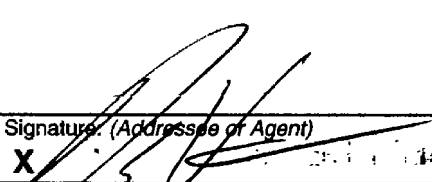


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stated on the reverse side?	SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: <u>10600</u>	4a. Article Number _____
Telephone Calling Services Corporation Robert Martini 27 Lowell Street, Suite 201 Manchester NH 03101-1646		<input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Merchandise <input type="checkbox"/> COD
6. Signature (Addressee of Agent) 		<u>8-24-01</u> Date (Only if requested)
PS Form 3811, December 1994		Domestic Return Receipt

Thank you for using Return Receipt Service.

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC _____
 SER _____
 OTH _____

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