

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. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

011265-TP *max*
 Network Plus, Inc.
 Jim Crowley,
 Executive Vice President and CEO
 41 Pacella park Drive
 Randolph, MA 02368

Article Number

7000 0600 0026 4144

Service Type

6646

Registered

Certified

Express Mail

Insured

Return Receipt for Merchandise

COD

Date of Delivery

RJH29 10-1-01

is your RETURN RECEIPT

Received By: (Print Name)

Susan Melchionno

6. Signature: (Addressee or Agent)

Susan Melchionno

8. Addressee's Address (Only if requested and fee is paid)

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 _____

DOCUMENT NUMBER-DATE

12652 OCT-4 01

FPSC-COMMISSION CLERK