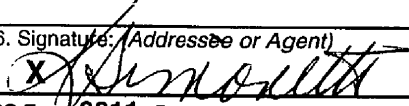


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Printed on the reverse side?	SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front 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>011140</u>	4a. Article Number _____		
Orion Telecommunications Corp. of New York Mr. George J. Gregory 42-40 Bell Boulevard Bayside NY 11361		<input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Merchandise <input type="checkbox"/> COD		
6. Signature: (Addressee or Agent) 		Press (Only if requested) _____ <small>(initials to be paid)</small>		

Thank you for using Return Receipt Service.

Is your RI

PS Form 3811, December 1994

Domestic Return Receipt

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