

011097-TT

ORIGINAL

2354-PAA

**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Telera Communications, Inc.  
910 East Hamilton Avenue, Suite 200  
Campbell CA 95008-0625

4a. Article Number: 0026 4144 5533

4b. Service Type:

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery: 2-10

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

6. Signature: (Addressee or Agent)  
X *Janette Vallis*

Read on the reverse side?

Thank you for using Return Receipt Service.

Is your RET

PS Form 3811, December 1994 Domestic Return Receipt

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

DOCUMENT NUMBER-DATE

15570 DEC 13 86

FPSC-COMMISSION CLERK