

			ËTE		

- 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.
- 1. Article Addressed to:

020811

Constellation Telecom
6904 Wilkow Drive, Apt. #U-312
Orlando FL 32821-6042

A. Received by (Please Print Clearly) B. Date of Delivery C. Signature ☐ Agent X ☐ Addressee D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: 3. Servjce Type Certified Mail ☐ Express Mail ■ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D.

COMPLETE THIS SECTION ON DELIVERY

Article Number
 (Transfer from service label)

7002 0860 0001 1755 5661

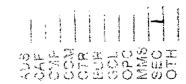
4. Restricted Delivery? (Extra Fee)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

☐ Yes



13112 DEC-28

DOCUMENT WITHOUGH CATE