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 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. Article Addressed to: 030964 Tel-Tec, Inc. Jack Lambert 1302 S. Highschool Road Indianapolis IN 46421 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Agent Addressee D. & delivery address different from iten/1? ¹ Yes If YES, enter delivery address below: No
	3. Service Type Decertified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
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PS Form 3811, March 2001 Domestic	Return Receipt 102595-01-M-1424

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