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<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: 040162 Telecommunications Corporation 0 Bell Boulevard ide NY 11361	C. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001		
Domestic Return Receipt	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
7002 0860 0001 1758 7563	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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