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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVE	RY
 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. 		C. Signature D. Is delivery address different from item 1	Date of Delivery Agent Addressee Yes
Article Addressed to:	20904	If YES, enter delivery address below:	□ No
Universal Telcom, Inc 3781 Presidential Parl Atlanta GA 30340-370	kway, Suite 1	Service Type Substituting Certified Mail Express Mail Requistered Return Receipt	for Morehandica
PAX		☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service labe)	7002 088	0 0001 1760 9401	
PS Form 3811, March 2001	Domestic Ret	urn Receipt	102595-01-M-1424
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