

ORIGINAL

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03 MAR 29 AM 10:07

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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: 040918	C. Signature X <i>[Signature]</i>	3-19 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
Mercury Long Distance, Inc Tara Hayes 88 Gunbarrel Road, Suite 111-269 Chattanooga TN 37421-2687 PAA	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 1. 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7002 0860 0001 1760 9388	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 RCA _____
 SCR _____
 SEC 1
 OTH _____

PSC-05-0291-PAA-TI

DOCUMENT NUMBER-DATE

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