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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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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. | A. Signature X Agent B. Fleceived by (Printed Name) C. Date of Pelivery C. Date of Pelivery D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: 060462 | If YES, enter delivery address below: 4 In No |
| Mr. Scott Klopack Matrix Telecom, Inc. 2207 Commerce Street | |
| Dallas, TX 75201-4347 | 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| PSC-06-0765-CO-TX | 4. Restricted Delivery? (Extra Fee) |
| | 160 0003 8789 6045 |
| PS Form 3811, February 2004 Domestic R | aturn Receipt 102595-02-M-1540 |

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