ORIGINAL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
 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 B. Received by (Prin	nted Name) K B/i to	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to: 060466-TI		D. Is delivery address different from item 12		
Telecom Argentina USA, Inc. 1111 Brickell Avenue, Suite 1525 Miami, FL 33131-3123				
	L	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Recei	pt for Merchandise
PSC-06-0701.	-CO-T	4. Restricted Deliver	y? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7005 l	7PO 0003 8	789 6809	
PS Form 3811, February 2004	Domestic Retu	ırn Receipt		102595-02-M-1540

COM _____
CTR ___
ECR ___
GCL ___
OPC ___
RCA __
SCR ___
SGA ___
SEC ___

OTH _____

CMP

DOCUMENT NO. 07630-06 8/23/06