

SENDER COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 020212

TeleVend, Inc.
377 Wilbur Avenue, Suite 178
Swansea MA 02777-2426

PSC-08-0407-PAA-JC

2. Article Number

(Transfer from service label)

7004 1760 0004 5751 2975

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

X *Jana Cameron* Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DOCUMENT NUMBER-DATE

05718 JUL-28

FPSC-COMMISSION CLERK