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 Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on t so that we can return the card to Attach this card to the back of thor on the front if space permits. 	sired. he reverse you. e mailpiece,	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item	Agent Addresse Date of Deliver
Reliant Communications, Inc. 801 International Parkway, 5th Floor		If YES, enter delivery address below: No	
Lake Mary FL 32746-4762		3. Service Type Certified Mail	t for Mercha
PSC-09-0020-PAA-TX		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	700 6 08	10 0002 3488 1439	
PS Form 3811, February 2004 Domestic Return Receipt			102595-02-M

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