SETAL OF A COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Storeture  A Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Cypress Communications Operating Company Legal Department 3565 Piedmont Road 4 Piedmont Center, Suite 600 Atlanta GA 30305-4614	3. Service Type Certified Mail
756-11-0299-00-TT 110145 MAR	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7009 3410 0002 4112 5849	
P8 Form 3811, February 2004 Domestic Retu	um Receipt 102565-05

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