

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Jessica Mora</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Jessica Mora</i> C. Date of Delivery</p>
<p>1. Article Addressed to:  <i>ID-0005-TP-RPT</i></p> <p>TRANSAMERICA TELECOM, INC  1707 WARREN RD  INDIANA, PA 15701</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED-BOOKING DIV  NOV 26 2010  INDIANA PA</p> <p>3. Service type:  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> R.O.D.</p>
<p>2. Article Number:  (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><i>7007 2680 0001 0486 9790</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

100000-00-M-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.  
Technician *SM* Date Processed NOV 30 2010