2524-PAA

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	A. Received by (Please Print Clearly)  C.M. Ellison
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.	C. Signature  X DOIQQ6-TI ☐ Agent ☐ Addressee
Hemisphere Telephone Services David Butler 200 North Andrews Avenue Ft. Lauderdale FL 33301-1018	D Is delivery address different from item 1? ☐ Yes address below: ☐ No
	I Express Mail I Return Receipt for Merchandise □ Li Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2 Article Number (Copy from service label) 7000 0600 0026 4144 7728	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-17 <b>89</b>

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