## 01-6002 PAA

SENDER: 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</li> </ul>	A. Received by (Please Print Clearly) B. Date of Deliver	у
so that we can return the card to you.	C. Signature	_
Attach this card to the back of the mailpiece,	X Agent	•
or on the front if space permits.	D. Is delivery address different from item 12  Yes	<del>.e</del>
1 Article Addressed to: $\hbar O 557$	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No	
Comtel Network LLC Pat Martin 670 East Bullard Avenue, Suite 103 Fresno CA 93710-5433       Express Mail   Return Receipt for Merchandise   C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2—Article Number (Copy from service label)	4144 7698	
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789	,

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