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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 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. 	A. Received/by (Please Print Clearly) B. Date of Delivery C. Signature X Again Addressee
1. Article Addressed to: 050750 Westchester Telecom, Inc. One Month Broadway 5th Floor White Wanns NY 10601-2318	D. Is delivery address different from item 1? Pres If YES, enter delivery address below: No. Rall Rall
PSC-06-0051-CO-TI	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service i) 7004 1160 0004 5751 1480	
	urn Receipt 102595-01-M-1424

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