## ORIGINAL

070351

	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEENEM
<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. Signature  Agent  Addressee  B. Received by Entred Name)  C. Pate of Delivery  D. Is delivery address different from item 1?  Yes
1. Article Addressed to: 07035/A-TX	If YES, enter delivery address below:
New Rochelle Telephone Corp. 75 South Broadway, Suite 302 White Plains NY 10601-4413	
	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.
PSC MINGUTA - PAA-TX	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article (Transfi	
PS Form	395-02-M-1540

DOCUMENT NUMBER-DATE

07037 AUG 10 5

FPSC-COMMISSION CLERK