S	E	N	D	E	R	:

■ Complete items 1 and/or 2 for additional services

■ Complete items 3, 4a, and 4b.

■ Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space does not ■ Write "Return Receipt Requested" on the mailpiece below the article number.

■ The Return Receipt will show to whom the article was delivered and the date

Catholic Telecom Inc. Ed DiGirolamo 80 West Bowery, Suite 100 Akron OH 44308

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

00-036

☐ Certified ☐ Insured

Merchandise

0073-PAr

DOCUMENT NUMBER-DATE

5. Received By: (Print Name)		Addressee's Address (Only if requested and fee is paid)		
	6. Signature: (Addressee or Agent)			
2	X			
2	PS Form 3811 , December 1994	102595-98-B-0229 Domestic Return Receipt		

