

ļ.	105109 TC-2010-0107
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. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 12 Yes
Article Addressed to:	If YES, enter delivery address below:
Matrix Telecom, Inc. Legal Department 7171 Forest Lane, Ste. 700 Dallas, TX 75230	
	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540