

10/5/89 TC-ADLO-0/07]	
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. 1. Article Addressed to: A. Signature A. Signature C. Date of Delivery 10-8-09 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Qwest Communications Company, L Legal Department 1801 California St., Ste. 650 Denver, CO 80202	Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7007 0710 0002 2048 0875	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	