	10-04-0608 6/23/04
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. 	A genture X Data C Agent D Addressee B Gerein Viewed Name) C. Date of Delivery
 Attach this card to the back of the mailplece, or on the front if space permits. 1. Article Addressed to: 	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Sprint MO., Inc. d/b/a Sprint Legal Department 6450 Sprint Parkway KSOPHN0212-2A253 Overland Park, KS 98119	JUN 2 8 2004
	3. Service Type 3. Certified Mail Express Mail Registered Return Receipt for Mercha Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 1940	0002 6942 6423
PS Form 3811, August 2001 Domestic Ref	turn Receipt 102595-02-1

