

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 X Agent Addressee B. Received by a Printed Name) C. Date of Delivery Yn L Gynar Nor & 3 LLC
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Legal Department	
Spectra Communications Group,	
LLC d/b/a CenturyTel	3. Service Type
220 Madison St.	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
Jefferson City, MO 65101	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 🗆 🖰 5	 J390 0003 2886 3459