

LC	-2009-0343 3-26-09
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 C C A Agent Addressee B. Received by (Printed Name) C. Date of Delivery 3 / 3 / yg D. Is delivery address different from item 17 Yes
Article Addressed to:	If YES, enter delivery address below: ☐ No
Norstan Network Services, Inc 4805 Independence Parkway, Suite 101	
Tampa, FL 33634	Mail ☐ Express Mail → Return Receipt for Merchandise □ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7007 07	10 0002 2048 0547
PS Form 3811, February 2004 Domestic Re	tum necept 102595-02-M-1540