	10-05-174-12/20/04
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature       Agent         X       AMer       Addressee         B. Received by (Printed Name)       C. Date of Delivery         JAMer       Speallo       12-23 (S)         D. Is delivery address different from item 1?       Yes
VarTec Telecom, Inc. Carol Even 2440 Marsh Lane	If YES, enter delivery address below:  No
Carrollton, TX 75006	3. Service Type         Service Type
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7003 3110 0004 0200 6610	
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540
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