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. 	B. Received by (Printed Name) C. Date of Delivery
Green Hills Telecommunications Services Legal Department 7926 N. E. State Rd. M P.O. Box 227 Breckinridge, MO 64625	
	3. Service Type
	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
-	· · · · · · · · · · · · · · · · · · ·
2. Article Number 7005 (Transfer from service label)	0390 0003 2886 4951

