

6120106	TC 2006-0486
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. Deanna Gilzin Agent B. Received by (Printed Name) Deanna (C. bsin
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
BPS Telephone Company Legal Department 120 Stewart St.	
P.O. Box 550 Bernie, MO 63822	3. Service Type Z Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from 7005 0390 0003	2881 4376
DS Form 3811 Fabruary 2004 Domastic Patura Pacalat (00505 00 M 1540	