

## SENDER: COMPLETE THIS SECTION

- 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.

## 1. Article Addressed to:

Telenational Communications, Inc.  
Tax Department  
5408 N 99th Street, Suite B  
Omaha, NE 68134

## 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

Kelli Beal

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Kelli Beal

## C. Date of Delivery

1/9/02

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

7007 0710 0000 8015 0338

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540