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:

Linda Martin, Vice President
Network Operator Services, Inc.
P. O. Box 3529
Longview, TX 75606

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* Sherry Byrd

B. Date of Delivery

C. Signature

X Sherry Byrd

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

LONGVIEW TX
APR 13
DOWNTOWN STATION

T02679A920190

3. Service Type

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*

Z 410 643 321

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED
2001 APR 17 A 11:34
ARIZONA CORPORATION COMMISSION
AZ CORP COMMISSION
DOCUMENT CONTROL
1200 W. Washington - Hrg. Div./Docket
Phoenix, Arizona 85007-2996

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