

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:

H16-02

* 01-99
 Linda Nash
 Mosinee Telephone Company
 410 Fourth Street
 Mosinee, WI 54455

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **H. KENNEDY** B. Date of Delivery **1-29-02**

C. Signature **X J. Kennedy** Agent Addressee

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

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)

0023 8169 1306

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

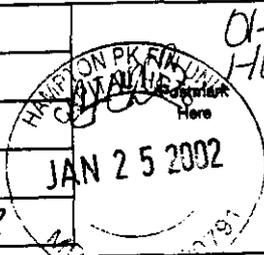
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent to

Postage	\$ 57
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.17



01-99
 H1602

7000 0600 0000 0200 8169 1306

Name (Please Print Clearly) (to be completed by mailer) **Linda Nash**
 Street, Apt. No., or P.O. Box No. **410 Fourth Street**
 City, State, ZIP+4 **Mosinee, WI 54455**