

7006 0100 0006 6762 7635

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *TC06-212*  
*Mail Access Long Distance*  
 Street, Apt. No.;  
 or PO Box No. *1354 Flecker Way*  
 City, State, ZIP+4  
*Sunnyvale, CA 94087-3407*  
 PS Form 3800, June 2002 See Reverse for Instructions

7005 3110 0000 3560 5486

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
*National Access Long Distance*  
 Street, Apt. No.;  
 or PO Box No. *2033 Gateway Pl 5th floor*  
 City, State, ZIP+4  
*San Jose, CA 95110*  
 PS Form 3800, June 2002 See Reverse for Instructions

**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  
*National Access Long Distance*  
*2033 Gateway Place*  
*5th floor*  
*San Jose, CA*  
*95110*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Corinna Aguilar*  Agent  Addressee  
 B. Received by (Printed Name) *Corinna Aguilar* C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service type *TC06-212*  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7005 3110 0000 3560 5486**