

7C07-013

7005 3110 0000 3560 5516

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

For delivery information visit our website at www.usps.com
OFFICIAL USE

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

Postmark
Here

Send to *North Shore Telemarketing*
 Street, Apt. No., or PO Box No. *P.O. Box 368*
 City, State, ZIP+4 *Halden, MA 02148*

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>7005 3110 0000 3560 5516</p> <p>3. Service Type: <i>7C07-013</i> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article/Addressed to: <i>North Shore Telemarketing</i> <i>P.O. Box 368</i> <i>Halden, MA</i> <i>02148</i></p>	<p>MAR 1 2007</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7005 3110 0000 3560 5516</p>
<p>PS Form 3831 Domestic Return Receipt</p>	<p>102595-02-MH 540</p>