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MARK: SNET

REGISTRANT: SOUTHERN NEW ENGLAND TELECOMMUNICATIONS CORPORATION, THE

CORRESPONDENCE ADDRESS:
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Please furnish the following in all correspondence:

1. Your phone number and zip code.
2. Mailing date of this action.
3. Affidavit-Renewal Examiner's name.
4. The address of all correspondence not containing fees should include the words "Box 5".
5. Registration No.

RECEIPT IS ACKNOWLEDGED OF THE SUBMITTED REQUEST UNDER:

SECTION 8 OF THE TRADEMARK STATUTE AND 37 CFR SECS. 2.161-2.166.

SECTION 15 OF THE TRADEMARK STATUTE AND 37 CFR SECS. 2.167-2.168.

YOUR REQUEST FULFILLS THE STATUTORY REQUIREMENTS AND HAS BEEN ACCEPTED.

MARY E. BOWMAN
AFFIDAVIT-RENEWAL EXAMINER
TRADEMARK EXAMINING OPERATION
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