· 403

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Pareived by (Riease Print Clearly) B. Date of Delivery 17-78.00
	C Signature Agent Addressee
Article Addressed to	D. Is delivery address different from item 1? Yes address below: No
Interactive Media Technologies. Inc % Telecom Compliance Services, Inc. 6455 East Johns Crossing. Suite 285 Duluth GA 30097-1567	
Barrach and Coop, 1997	Express Mail Return Receipt for Merchandise C.O.D
	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ref	rurn Receipt 102595-99-M-1789

DOCUMENT NUMBER - DATE

00095 JAN-35