

001297-TI

2523-PAA

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <i>LINDA BOYD</i>	B. Date of Delivery <i>01-3-00</i>
C. Signature <i>Linda Boyd</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? Address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	

American Nortel Communications, Inc.  
Linda Boyd  
7201 East Camelback, Suite 320  
Scottsdale AZ 85251-3336

Express Mail  
Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

*7000 0600 0026 4144 7735*

PS Form 3811, July 1999

Domestic Return Receipt

102#95-99-M-1789

- AF \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC    \_\_\_\_\_
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

00525 JAN 11 00

FPSO-RECORDS/REPORTING