

ORIGINAL

001263-TI

2492-PAA

| 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. | A. Received by (Please Print Clearly) ALAN CRITTE | B. Date of Delivery |
| | C. Signature X 001263 | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| | D. Is delivery address different from item 1? <input type="checkbox"/> Yes address below: <input type="checkbox"/> No | |
| TeleCard Communications International, Inc. David Hold 229 S.W. 31st Street Ft. Lauderdale FL 33315-3321 | | |
| | Express Mail Return Receipt for Merchandise <input checked="" type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

JAN 10 2001

2. Article Number (Copy from service label)
7000 0600 0026 4144 7810

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

C
 CRP
 ECR
 REG
 QPC
 PAI
 RGO
 SEC
 SER
 OTH

DOCUMENT NUMBER-DATE
 00600 JAN 16 2001
 EPSC-RECORDS REPORTING