

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)	B. Date of Delivery
Traci Wolfe	1-12-01
C. Signature	
X 001363-TI	<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	

InterCept Communications Technologies, Inc.
 Michael D. Sulpy
 3150 Holcomb Bridge Road, Suite 200
 Norcross GA 30071-1370

Express Mail
 Return Receipt for Merchandise

<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Copy from service label)
 7000 0600 0026 4144 4086

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

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- CPC _____
- PAI _____
- RGO _____
- SEC
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

00722 JAN 17 01

FPSC-RECORDS/REPORTING