

ORIGINAL

010124-TX

0592-5C

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) <i>KAD DA</i>	B. Date of Delivery <i>3-20-91</i>
1. Article Addressed to:	C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	

TotalTel USA Communications, Inc.
 Legal Department
 Overlook at Great Notch
 150 Clove Road, 8th Floor
 Little Falls NJ 07424-2159

010124-TX

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Insurance Fee (Yes)

2. Article Number (Copy from service label)
7000 0600 0026 9119 9012

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

AFP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ESR _____
 LEG _____
 CPC _____
 PAI _____
 RGO _____
 SEC I _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

03832 MAR 26 91

EPSC-RECORDS REPORTING