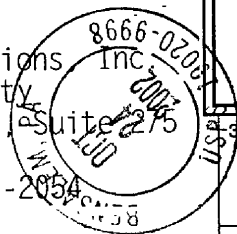


ORIGINAL

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)	B. Date of Delivery
	C. Signature <input checked="" type="checkbox"/> M. Hughes <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 020654	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Capsule Communications Inc Mr. Michael McNulty 2 Greenwood Square, Suite 275 3331 Street Road Bensalem PA 19020-2054	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> 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 (Transfer from service label)	7002 0860 0001 1755 4398	



PS Form 3811, March 2001

Domestic Return Receipt

102595-01-1424

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- WMS _____
- SEC 1
- OTH _____

PSC-02-1443-PAA-TI

DOCUMENT NUMBER DATE

11781 OCT 28 01

FPSC-COMMISSION CLERK