

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 10/24/02 |
| | C. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> | |
| 1. Article Addressed to: 020716 Cybertel, Communications 2820 La Mirada Drive, Ste. Vista CA 92083-8405 | <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 | |
| 2. Article Number (Transfer from service label) | 7002 0860 0001 1755 4268 | |
| | 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 |

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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