

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) <i>John C. ...</i>	B. Date of Delivery <i>12-7</i>
1. Article Addressed to: <i>040937</i>	C. Signature <i>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Orbital 2500 N.W. 107th Avenue, #208 Miami FL 33172-5923	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)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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	
	7002 0860 0001 1758 2414	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PAA order psc-04-1198-PAA-TI

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 RCA _____
 SCR _____
 SEC 1
 OTH _____

DOCUMENT NUMBER
 1 0043 DEC 10 8
 FPSO-COMMUNICATIONS CLEAR