

ORIGINAL

Is your business registered on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 471105

4a. Article Number 970264

WATS International Corporation
12 Executive Campus, Suite 360
Cherry Hill NJ 08002-

Certified
 Insured
Merchandise COD

10-20-97
Date (Only if requested)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEC _____
- LIT _____
- RC _____
- WAS _____
- OTH _____

DOCUMENT NUMBER - DATE
1-009 OCT 24 5
 FPSC-RECORDS/REPORTING