

ORIGINAL

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):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to: 98175
 4a. Article Number 99-221
 4b. Recipient's Name Gandra Tuna

Gillette Global Network, Inc.
 Renee Noto
 725 Fifth Avenue, 17th Floor
 New York NY 10022
 NEW YORK NY 100 03/08/99

Certified
 Insured
 Merchandise COD

Address (Only if requested)

6. Signature: (Address of Agent)
 PO Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC ✓
- WAS _____
- OTH _____

DOCUMENT NUMBER - DATE
03314 MAR 16 88
 FPSC-RECORDS/REPORTING