

ORIGINAL

2

Completed 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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: <p style="text-align: center;"><i>Comp. mas</i></p> <p style="text-align: center;">991751-TP</p> Thrifty Call, Inc. Jerry James, EVP Regulatory and Business Development 401 Carlson Circle San Marcos, Texas 78666	4a. Article Number <p style="text-align: center;">99-341</p>	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
Is your RETURN	5. Received By: (Print Name)	7. Date of Delivery <p style="text-align: center;">11-29-99</p>	Thank you for using Return Receipt Service.
	6. Signature: (Addressee or Agent) <p style="text-align: center;"><i>[Signature]</i></p>	8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

Domestic Return Receipt

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- PAI _____
- SEC 1
- WAW _____
- OTM _____

DOCUMENT NUMBER-DATE

14757 DEC-2 99

POSTAL SERVICE REPORTING