

ORIGINAL

1787-PAA

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>C. Bryant</i>	B. Date of Delivery <i>10-2-00</i>		
1. Article Addressed to: <i>001031</i> Brytel Communications Timothy J. Bryant 5005 22nd Street West, #B Bradenton FL 34207-2311	C. Signature <input checked="" type="checkbox"/> <i>C. Bryant</i>			
2. Art PS Fc	D. Is delivery address different from item 1? If YES, enter delivery address below: <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
	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			

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 CR _____
 EG _____
 OPC _____
 AI _____
 GO _____
 EC / _____
 ER _____
 TH _____

DOCUMENT NUMBER-DATE

12589 OCT-48

FPSC-RECORDS/REPORTING