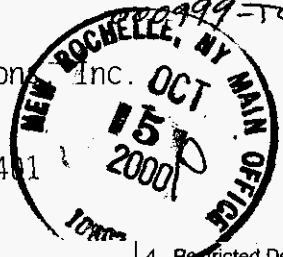


1795

SEND TO: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature X <i>R. Brandner</i>	10-6-00 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>resent Public Communication s. Renee A. Brandner AMNEX, Inc. 45 Huguenot Street, Suite 401 New Rochelle NY 10801-5237</p>	D. Is delivery address different from item 1? YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Copy from service label)	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7000 0600 0026 4145 5341		



PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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