

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) B. Date of Delivery <div style="text-align: right; color: red; font-weight: bold;">DEC 19 2000</div>
1. Article Addressed to: 001267	C. Signature <input checked="" type="checkbox"/> <i>Jessie Sheppard</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Fibernet Telemanagement, Inc. Douglas Denoff 2701 Ocean Park Blvd. Santa Monica CA 90405-5200	<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
2. Article Number (Copy from service label) 7060 0600 0026 4145 4641	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC I _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

16420 DEC 26 8

FPSO-RECORDS/REPORTING