

ORIGINAL

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
1 Article Addressed to:	C. Signature <i>Dana Wilson</i>	12-28-98
	X 1001213	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

Home Owners Long Distance Incorporated
 Dana Wilson
 P. O. Box 690670
 San Antonio TX 78269-0670

- Express Mail
- Return Receipt for Merchandise
- C.O.D.
- Restricted Delivery (Extra Fee) Yes

2. Article Number (Copy from service label)
 7100 0600 0026 4144 7834

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

APP
 CAF
 CMP
 COM
 CTR
 ECR
 LEC
 CPC
 PM
 RGO
 SEC
 SER
 OTH

DOCUMENT NUMBER-DATE

00021 JAN-28

FPSC-RECORDS/REPORTING