

ORIGINAL

001251-TJ

2454-PAN

SENDER: COMPLETE THIS SECTION

- 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.

Fox Fiber Optics
 Peter Li
 2524 Alclobe Circle
 Ocoee FL 34761-8949

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <i>Peter Li</i> X 001281	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Express Mail
 Return Receipt for Merchandise

Insured Mail C.O.D

4 Restricted Delivery? (Extra Fee) Yes

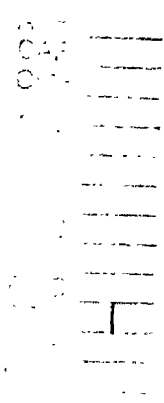
2. Article Number (Copy from service label)

7000 0600 0026 1145 1603

PS Form 3811, July 1999

Domestic Return Receipt

102596-99-M-1789



DOCUMENT NUMBER-DATE

00175 JAN-46

FPSC-RECORDS REPORTING