

001244-TI ORIGINAL

2524-PAA

SENDER: 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>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p><i>John Eley</i> 1/9/01</p> <p>C. Signature</p> <p>X) 001244-TI <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>ATCALL, Inc. Khaled F. Alhegelan 8401 Old Courthouse Road, #300 Vienna VA 22182-3820</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes address below: <input type="checkbox"/> No</p>
	<p>Express Mail Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Copy from service label)

7000 0600 0026 4144 7711

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

ADD  
 CONF  
 QZR  
 ROR  
 LEG  
 OPC  
 PAI  
 HGO  
 SEC  
 SER  
 OTH

DOCUMENT NUMBER-DATE

00524 JAN 11 05

FPSC-RECORDS/REPORTING