

001321-TI

0044-PAF

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) <i>Dean Keil</i>	B. Date of Delivery <i>1/24/01</i>
1 Article Addressed to:	C. Signature <i>X 001321-TI</i>	
AirTIME Technologies, Inc. Dean S. Keil 5019 80th Terrace South Lake Worth FL 33467-5551	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2 Article Number (Copy from service label) <i>7000 0600 0026 4144 7568</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, July 1999	Express Mail Return Receipt for Merchandise C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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