

ORIGINAL  
001492-TX

D643-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 Name) B. Date of Delivery  <u>JUAN CARLOS CALLOWAY</u> <u>3-20-01</u></p> <p>C. Signature  <u>* JUAN CARLOS CALLOWAY</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Florida Phone Service, Inc.          Aous Uweyda          17840 South Dixie Highway          Miami FL 33157-5421</p>	<p><u>001492-TX</u></p> <p>Express Mail          Return Receipt for Merchandise          P.O.D.          (Postage Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)  <u>7000 0600 0026 4199 8961</u></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

APP  
 CAF  
 CMP  
 COM  
 CTR  
 ECR  
 LEG  
 OPC  
 PAI  
 RGO  
 SEC  
 SER  
 CRI

DOCUMENT NUMBER-DATE  
03691 MAR 23 01  
 EDDC-RECORDS REPORTING