

1282-PAA

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

6/14/01

C. Signature

S. Williams

- Agent
- Addressee

D. Is delivery address different from item 1? Yes No

address below:

000 536-TP

ClearTel Communications, Inc.
Mr. Stephen R. Roberts
1255 22nd Street, N.W., 6th Floor
Washington DC 20037

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 4144 3195

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- APP _____
- CAF _____
- CMF _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

07518 JUN 18 2001

FPS-C-RECORDS/REPORTING