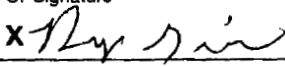
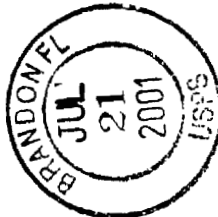


ORIGINAL

1494-088

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
1 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 1 Print your name and address on the reverse so that we can return the card to you. 1 Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) ROGER GIRSON	B. Date of Delivery 7-21-01
	C. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes address below: <input checked="" type="checkbox"/> No	

Dial Network
 Roger Girson
 1016 Hallwood Loop
 Brandon FL 33511-7718



010766-7C

Express Mail
 Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 7010 0600 0026 4144 3076

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

DOCUMENT NUMBER-DATE
 08948 JUL 23 2001
 FPSC-00 MISSION CLERK