

ORIGINAL

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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.

1. Article Addressed to: 020659

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

| 10/24/02

C. Signature Agent
 J. Gibbons Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

American Telesource International, Inc.
6000 Northwest Parkway, Suite 110
San Antonio TX 78249-3346

- Special Service type
- Registered Mail Express Mail
 - Insured Mail Return Receipt for Merchandise
 - C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7002 0860 0001 1755 4367

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

PSC-02-1443 PAF-Ti

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC +
- OTH _____

DOCUMENT NUMBER-DATE
11833 OCT 29 02
COMMISSION CLERK