

ORIGINAL

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.

1. Article Addressed to:

020662

Ursus Telecom Corp.
 440 Sawgrass Corporate Parkway, #112
 Sunrise FL 33325-6237

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 10-30-02

C. Signature X NYG... Agent Addressee

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

Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7002 0860 0001 1755 4343

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-02-1443-PAA-T1

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

DOCUMENT NO.
 12032-02
 11/4/02