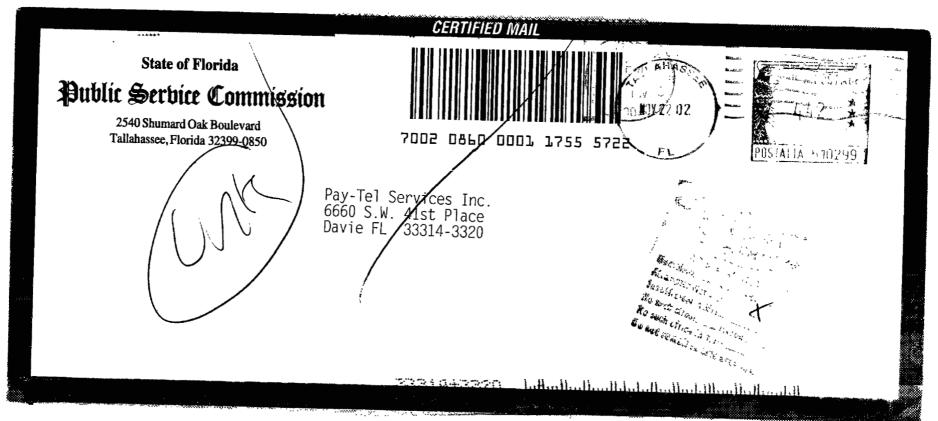
## ORIGINAL



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>1. Article Addressed to: O2078!</li> <li>Pay-Tel Services Inc. 6660 S.W. 41st Place Davie FL 33314-3320</li> </ul>	A. Received by (Please Print Clearly)       B. Date of Delivery         C. Signature       □ Agent         X       □ Addressee         D. Is delivery address different from item 1?       □ Yes         If YES, enter delivery address below:       □ No
	3. Service Type         Image: Certified Mail       Image: Express Mail         Image: Registered       Image: Return Receipt for Merchandise         Image: Insured Mail       Image: C.O.D.         4. Restricted Delivery?       (Extra Fee)       Yes
2. Article Number (Transfer from service label) 7002	DAFO 1422 1422 1400 1400
PS Form 3811, March 2001 Domestic Re	turn Receipt 102595-01-M-1424

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Service Star