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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. 	A. Received by (Please Print Clearly) B. Date of Delivery II-27-02- C. Signature X Address different from item 1? Yes
1 Article Addressed to: 020807 Phonexpert, Inc. 803 S.W. 14th Court	If YES, enter delivery address below: DNo
Pompano Beach FL 33060-8908	3. 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 6163
PS Form 3811, March 2001 Domestic Re	eturn Receipt 102595-01-M-1424

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