

ORIGINAL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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) _____ Date of Delivery MAR 14 2002	
1. Article Addressed to: 030040		C. Signature X <i>Alvade Salay</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Supreme Telecom Systems, Inc. Mr. Farukh Aslam, President 515 Houston Street #800 Fort Worth TX 76102		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7002 0860 0001 1755 5951	
PS Form 3811, March 2001		Domestic Return Receipt	
		102595-01-M-1424	

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC 1
OTH _____

DOCUMENT NUMBER-DATE

02597 MAR 18 02

FPSC-COMMISSION CLERK