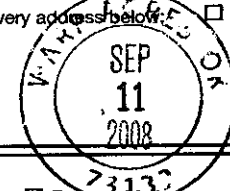


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08 SEP 15 AM 10:17

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CLERK

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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>A. Banceb</i></p>
<p>1. Article Addressed to: 020369</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>9-11-08</i></p>
<p>Advanced Telemanagement Group, Inc 5909 N.W. Expressway, Suite 403 Oklahoma City OK 73132-5103</p> <p>PSC-08-0577-CO-TI</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below <input type="checkbox"/> No</p> <p style="text-align: center;">  </p>
<p>2. Article Number (Transfer from service label) 7006 2760 0003 8797 8543</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-11-1999

DOCUMENT NUMBER-DATE

08600 SEP 15

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