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ORIGINAL
FILE COPY

- ACK _____
- AFA _____
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- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
 TELESPHERE NETWORK, INC.
 ATTN: GEORGE VINALL
 6100 EXECUTIVE BOULEVARD
 ROCKVILLE, MARYLAND 20852

4. Article Number
 78750

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X _____

6. Signature - Agent
 X *[Handwritten Signature]*

7. Date of Delivery
 5/3/91

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-250-815 DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE
 04510 MAY-8 1991
 PSC-RECORDS/REPORTING