

0331

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Print your name and address on the reverse of this form so that we can return this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.


I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fees.

3. Article Addressed to: 981662 4a. Article Number 99

XIEX Telecommunications, Inc.
 Gary Pentecost
 2900 Wesleyan, Suite 250
 Houston TX 77027

Certified
 Insured
 COD

2-23-88
 Only if requested

5. Signature: (Addressee or Agent)


PS Form 3811, December 1984 Domestic Return Receipt

- ACK _____
- AFA _____
- APP _____
- CAF _____
- DMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
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 FPSC-RECORDS/REPORTING