| n the reverse side?       | 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 fee.   |
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| TURN ADDRESS completed or | Fiberlink Communications Corporation Sergey Slipenchuk 794 Penlynn Pike, Suite 100 Blue Bell PA 19422  and fee is  | Certified Insured Insu |
| ts your BE                | 6. Signature: (Addressee or Agent)  X  PS Form <b>3811</b> , December 1994  102595-98-B-0229   | Domestic Return Receipt  |

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