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 card to you. Attach this form to the front of the mailpiece, or on the back if sparpermit. Write "Return Receipt Requested" on the mailpiece below the article was delivered a delivered.	ce does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:	4a. Article N	00 - 162
Dintel Communications, Inc. Tena Williford 226 Cordova Street Oral Gables FL 33134-2457	Carton	Merchandise COD A/25 Iddress (Only if requested)
6. Signature: (Addressee or Agent) X PS Form 3811 , December 1994	102595-98-B-0229	Domestic Return Receipt

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