

SENDER: COMPLETE THIS SECTION

- 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.

UTLC LLC
 Samy Matar
 175 Great Neck Road, Suite 404
 Great Neck NY 11021-3313

NOV 9 2000

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *[Signature]* B. Date of Delivery
 C. Signature *X 001356-TI* ☐ Agent
☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes
 Address below: ☐ No

PSC-01-0078-PAA-TI

Express Mail
 Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0026 4144 4185

PS Form 3811, July 1999

Domestic Return Receipt

102595-90-M-1789

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

01004 JAN 23 2000

FPSC-RECORDS/REPORTING