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- CMU _____
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- SEC 1
- WAS _____
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Complete items 1 and 2 when additional services are desired, and complete items 3-7 for 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 restrictions for additional service(s) requested.

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

3. Article Addressed to: INTERNATIONAL TELECOMMUNICATIONS EXCHANGE CORP. 700 CENTRAL PARKWAY # 1200 ATLANTA, GA. 30328	4. Article Number: 79089
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery 9-09-91	

PS Form 3811, Apr. 1989 © U.S.G.P.O. 1989-220-010 DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE
09043 SEP 11 1991
FPSC-RECORDS/REPORTING

ACK ✓
AFA _____
APP _____
CAF _____
CMU 7
CTR _____
EAG _____
LEG 1
LIN 6
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RCH _____
SEC 1
WAS _____
OTH _____