

ORIGINAL

on 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.

990676

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

World Access Telecommunications Group, Inc.  
Dennis E. Bay  
1919 South Highland Avenue  
Suite 129-D  
Lombard IL 60140

99-169

- ☐ Certified
- ☐ Insured
- ☐ COD

Merchandise

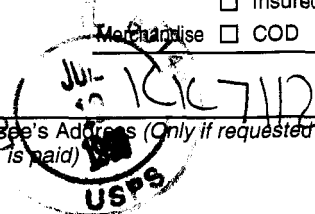
Is your RETURN

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Dennis Bay*

8. Addressee's Address (Only if requested and fee is paid)



PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

FA \_\_\_\_\_  
PP \_\_\_\_\_  
AF \_\_\_\_\_  
MU \_\_\_\_\_  
TR \_\_\_\_\_  
AG \_\_\_\_\_  
EG \_\_\_\_\_  
IAS \_\_\_\_\_  
IPC \_\_\_\_\_  
IRR \_\_\_\_\_  
EC   I    
VAW \_\_\_\_\_  
OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

08482 JUL 16 99

FPSO-RECORDS/REPORTING