

ORIGINAL

ated 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.

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:

000221

4a. Article Number

00 - 148

Orlando Digital Telephone Corporation
 3601 Vineland Road, Suite 4
 Orlando FL 32811-6474

- Certified
- Insured

Merchandise COD

[Signature]
 Address (Only if requested)

Thank you for using Return Receipt Service.

Is your B?

6. Signature *[Signature]* Addressee or Agent

PS

Receipt

A _____
 P _____
 V _____
 W _____
 TR _____
 AG _____
 EG _____
 IAS _____
 JPC _____
 JRR _____
 SEC _____
 NAVJ _____
 DTH _____

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