

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly) <i>Bahar Yousefizadeh</i>	B. Date of Delivery
1. Article Addressed to: <i>000917</i>	C. Signature <i>X Bahar Yousefizadeh</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>8201</i> <input checked="" type="checkbox"/> No	

First Tele Communications Services, Inc.
 Bahar Yousefizadeh
 P.O. Box 273772
 Tampa, FL 33688-3772

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Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Return Receipt for Merchandise
Mail	<input type="checkbox"/> C.O.D.
Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Copy from service label)
70600 6000264145 6669

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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

DOCUMENT NUMBER-DATE
 12494 OCT-28
 FPSC-RECORDS/REPORTING