


RECEIVED-FPSC

11 JUL 18 AM 10:28

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BEFORE: 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. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) <u>Susan Ruzga</u> C. Date of Delivery <u>7/15/04</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Globafon, Inc. 1458 Lomaland El Paso TX 79935-4701</p>	
<p>2. Article Number (Transfer from service label)</p> <p><u>PSC-11-0299-071</u> ^{ms} <u>110167</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 3410 0002 4112 6327</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic: Return Receipt 108995-02-M-1540</p>

DOCUMENT NUMBER-DATE

04939 JUL 18 =

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