

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.

990674

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

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

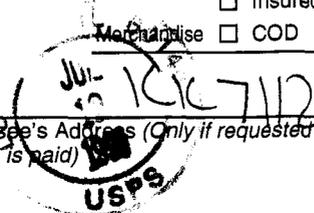
Consult postmaster for fee.

World Access Telecommunications Group, Inc.  
 Dennis E. Bay  
 1919 South Highland Avenue  
 Suite 129-D  
 Lombard IL 60148

99-169

- Certified
- Insured
- COD

Merchandise



Is your RETURN

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Dennis Bay*

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 \_\_\_\_\_  
 VAW \_\_\_\_\_  
 ITH \_\_\_\_\_

DOCUMENT NUMBER-DATE

08482 JUL 16 88

EPSC-RECORDS/REPORTING