

ORIGINAL

Is your RETURN ADDRESS completed 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:

971102

4a. Article Number

97-2104

Total-Tel USA Communications, Inc.  
 Mr. Mark K. Follender  
 150 Clove Road, 8th Floor  
 P. O. Box 449  
 Little Falls NJ 07424

- Certified
- Insured

change  COD

10-20

(Only if requested)

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ACK  
 AFA  
 AP  
 CTR  
 CM  
 CTR  
 E  
 LE  
 LI  
 C  
 R  
 SE  
 WA  
 OTH

11182-99  
 10/30/97