## 00/2/0-TI

## 2523-PAA

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	C. Signature    Agent   Addressee   Addres
DavelTel, Inc. Bruce Renard 10120 Windhorst Road Tampa FL 33619-7826	idress below: No
	Express Mail
	Return Receipt for Merchandise  I Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 0026 4144	7766
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

DOCUMENT NUMBER-DATE
00174 JAN-45