

ORIGINAL

1787

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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>Deborah Dawson</i> / <i>10/5/00</i></p> <p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Deborah Dawson</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <i>001023-TC</i></p> <p>Evercom Systems, Inc. Mr. Mike Smith 8201 Tristar Drive Irving TX 75063-2824</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Copy from service label)
7000 0600 0026 4145 5686

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

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC 1
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE
12657 OCT-5 00
 FPSC-RECORDS/REPORTING