

SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>K. Peyler</i>	B. Date of Delivery <i>2/2/26</i>
C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent
X 001257 <i>[Signature]</i>	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1? address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Axces of Delaware, Inc.
Michael Avignon
2500 Wilcrest, Suite 540
Houston TX 77042-2756

PSC-00-2454-PAN-TI

<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 4597

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

APP
CAF
CMP
COM
CTR
EGR
LEG
OPC
PAI
RGO
SEC
SER
OTH

DOCUMENT NUMBER-DATE

16537 DEC 29 8

FPSC-RECORDS/REPORTING