SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature X
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1?
Intelicom International Corporation C/o Prentice-Hall Corp. System 221 Bolivar Street Jefferson City, MO 65101	
	3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 15	740 0002 6942 5075
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-01-M-2509