

TC-04-0386 2/17/04

**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.

1. Article Addressed to:

Global Communications Network  
Official Representative  
1158 26<sup>th</sup> Street, PMB 443  
Santa Monica, CA 90403

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Sautel

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Sautel

C. Date of Delivery

2/17/04

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

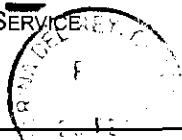
7001 1940 0002 6942 5532

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

NO PUBLIC SERVICE COMMISSION  
P.O. BOX 360  
RICHMOND CITY, NC 28801