0000039648

SENDER:
- Complete items 1,2 and 3.
- Indicate if restricted delivery is desired.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to
following service (

☐ **Restricted Delivery**
Consult postmaster for fee.

1. Article Addressed to:

Robbin Johnson
EXCEL TELECOMMUNICATIONS, INC.
875[illegible] Central Express Way
[illegible]000
TX 75231

VICKERY STATION DALLAS TX 75231 USPS AUG 5 2002

2. Article Number

7

3. Service Type ☒ **CERTIFIED**

Date of Delivery

Received By: (Print Name)
SERGIO MARTINEZ

Signature: (Addressee or Agent)
[signature]

Enter delivery address if different than item 1.

PS Form 3811 *T-02584A-02-0268 / T-02584A-91-0016* **DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

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

RECEIVED
2002 AUG -1 A 11: 12
AZ CORP COMMISSION
DOCUMENT CONTROL

Arizona Corp. Commission
Docket Control
1200 W Washington St
85007-2996

7180 5335 1300 0000 6237

RETURN RECEIPT SERVICE			POSTMARK OR DATE
	POSTAGE	$ 0.34	PHOENIX, AZ DOWNTOWN USPS AUG 2 2002
	RESTRICTED DELIVERY FEE	$ 0.00	
	CERTIFIED FEE	$ 2.10	
	RETURN RECEIPT FEE	$ 1.50	
SENT TO:	TOTAL POSTAGE AND FEE	$ 3.94	

Robbin Johnson
EXCEL TELECOMMUNICATIONS, INC.
8750 N. Central Express Way
Suite 2000
Dallas, TX 75231

PS FORM 3800 *T-02584A-02-0268 / T-02584A-91-0016*

UNITED STATES POSTAL SERVICE™

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)