

ORIGINAL
FILE COPY

960286
440605

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 will show to whom the article was delivered and the date delivered.

1. I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number 96-0302

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

5. Signature (Addressee)

6. Signature Agent V. J. J. J.

7. Date of Delivery 11-22

8. Addressee's Address (Only if requested and fee is paid)

Excel Tele-Communications, Inc.
1234 Jenks Avenue
Panama City FL 32401-2441

PS Form 3811, December 1981 U.S. GPO: 1983-302-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

DOCUMENT NUMBER-DATE
12604 NOV 25 88
FPSC-RECORDS/REPORTING