

ORIGINAL FILE COPY

•CK  
AFA  
APP  
CAP  
CMU  
CTR  
EAG  
LEG  
LFF  
RCH  
SEC  
WAS  
YTH

**is your RETURN ADDRESS completed on the reverse side?**

**SENDER:**  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, 4a, 5b/c & 6.  
 • 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.

**3 Article Addressed to:** 961089  
 Conetco Communications  
 10 Saugatuck Ave  
 Westport CT 06880-5720

**4a Article Number:** 97-0059

**4b Service Type:**  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

**7 Date of Delivery:** 3/14/97

**5 Received By: (Print Name)** Michael Salvendy

**6 Signature (Addressee or Agent):** X *[Signature]*

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

**I also wish to receive the following services (for an extra fee):**  
 1  Addressee's Address  
 2  Restricted Delivery  
 Consult postmaster for fee.

**Thank you for using Return Receipt Service.**

**Domestic Return Receipt**  
 PS Form 3811, December 1994

3-14-97  
02724-97