

ORIGINAL
FILE COPY

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LES _____
LIR _____
MPS _____
RDI _____
SEC 1 _____
WAS _____
OTH _____

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *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 package, or on the back if space does not permit.
 *Write "Return Receipt Requester" on the package below the article number.
 *The Return Receipt will allow us to inform the addressee that the article was delivered and the date delivered.

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: 97097
 4a. Article Number 97-0198
 4b. Service Type

Universal Network Services of Florida, Inc.
 Mr. Henry G. Miller, III Dennis Houston
 2 Corporate Plaza Drive, Suite 200
 Newport Beach CA 92660-7929

Certified Mail
 Insured
 Collect for Merchandise
 COD delivery 9-12-97

5. Addressee's Address (Only if requested paid)
 Domestic Return Receipt

6. Signature (Postmaster or Agent)
 X D. Sudarshan
 PS Form 3811, December 1994

Printed on the reverse side?



POSTMENT NO.
095511
09/19/97