

ORIGINAL

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 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 the card to you.
- Attach this form to the front of the mailbox, or on the back if space does not permit.
- Write "Return Receipt Requestor" on the mailbox below the article number.
- The Return Receipt will show to whom 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:

970980

4a. Article Number

97-

INCOMM
200 Galleria Parkway, Suite 330
Atlanta GA 30339

Certified
 Insured
handle COD

97/4/97
(Only if requested)

6. Signature, Address or Agency

X *[Signature]*
PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

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