

ORIGINAL

Is your RETURN ADDRESS completed on the reverse side?

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 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.

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


- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

98 1764

ACOMM Inc.
Jerry L. Chapman
P. O. Box 3343
Minneapolis MN 55403



4a. Article Number 99-227

Certified
 Insured
and/or COD

3-17-99
Only if requested

5. Signature (Addressee or Agent)

Antoinette Walker

X Antoinette Walker

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

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

DOCUMENT NUMBER - DATE

05697 MAR 22 99

PSFC-RECORDS-REPORTING