## 0678-SC

the reverse side?	■ 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 mailbiece below the article number.		Iso wish to receive the owing services (for an tra fee):  .
o pa	3. Article Addressed to: 4a. Article	ele Numb	oer 00~149
IRN ADDRESS complete	Integra Paging 4220 West Colonial Drive Orlando FL 32808-8135		andise COD  All (Only if requested)
ur <u>RETU</u>	6. Signature: (Addresseg or Agent)		ļ
ls yc	PS Form <b>3811</b> , December 1994 102595-98-B-C	229 DC	mestic Return Receipt

OTH ....

DOCUMENT NUMBER-DATE

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