

TD477

961087-7C

FILE COPY

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 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.

4a. Article Number 96-0283

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery 11-23-96

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

3. Article Addressed to:

Telephone Remanufacturing Corp.
601 West Morgan
Jacksonville IL 62650

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Michael E. Miller

Domestic Return Receipt

PS Form 3811, December 1994

- ACK _____
- AFA _____
- APP _____
- CAP _____
- CLM _____
- CTR _____
- ESD _____
- INT _____
- LET _____
- REN _____
- SEC 1
- WAS _____
- OTH _____

Is your RETURN ADDRESS completed on the reverse side?

DOCUMENT NUMBER-DATE

12679 NOV 26 96

FPSC-RECORDS/REPORTING