

ORIGINAL FILE COPY

- KCP _____
- AFB _____
- APV _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- WJ _____
- WT _____

Thank you for using Return Receipt Service.

<p>SENDER:</p> <ul style="list-style-type: none"> • 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. 	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to:</p> <p style="margin-left: 40px;">676078</p> <p style="margin-left: 40px;">g Communication, Inc.</p> <p style="margin-left: 40px;">2 Golden Poppy Court</p> <p style="margin-left: 40px;">and FL 32824-6440</p>	<p>4a. Article Number</p> <p style="margin-left: 40px;">47 244</p>
<p>4b. Service Type</p> <p><input checked="" type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> COD</p>	<p>5. Received By: (Print Name)</p> <p style="margin-left: 40px;">X <i>[Signature]</i></p>
<p>6. Signature: (Addressee or Agent)</p>	<p>7. Date of Delivery</p> <p style="margin-left: 40px;">FEB 1 1997</p>
<p>8. Addressee's Address (Only if requested and fee is paid)</p> <p style="text-align: right; font-size: small;">PS Form 3811, December 1994</p>	

Domestic Return Receipt

DOCUMENT NUMBER-DATE
 02117 FEB 25 5
 FPSC-RECORDS/REPORTING