

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):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to: 971121
 MetroLink Communications, Inc.
 70 West Madison, Suite 5500
 Chicago IL 60602

4a. Article Number 97 0253
 Certified
 Insured
 COD
10.797
 only if requested

5. _____
 6. Signature: (Addressee or Agent)
 X *Alma ...*

(Print or type name)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACH _____
- SAFA _____
- APR _____
- CAF _____
- CMU _____
- CTH _____
- ESL _____
- LEL _____
- LIN _____
- YPS _____
- ROH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER - DATE
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 FPSC-RECORDS/REPORTING