

ORIGINAL
FILE COPY

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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: 960411

Adtel Communications, Inc.
3114 45th Street, Suite 4
West Palm Beach FL 33407-1945

4a. Article Number 96-0198

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery 5/28/96

6. Signature (Addressee) [Signature]

6. Signature (Agent)

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

PS Form 3811, December 1991 U.S. GPO: 1993-383-714 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS... (vertical text on left)

Thank you for using Return Receipt Service (vertical text on right)

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- REL _____
- SLC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
05990 MAY 30 96
 FPSC-RECORDS/REPORTING