

UNRECORDED
FILE COPY

pleted on the reverse side?	SENDER:		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	<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. 		
Is your RETURN A	3. Article Addressed to: <u>960679</u>		4a. Article Number <u>96-</u>
	Avcom Communications, Inc. 2121 N.W. 15th Avenue Pompano Beach FL 33069 1407		4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
			7. Date of Delivery <u>7-22-96</u>
	5. Received By: (Print Name) <u>Terrence Jacobel</u>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) <u>[Signature]</u>			

Thank you for using Return Receipt Service.

Domestic Return Receipt

PS Form 3811, December 1994

ACK _____

AFA _____

ATD _____

DDP _____

DDI _____

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DOCUMENT NUMBER-DATE

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