

961062-TC

FILE

Thank you for using Return Receipt Service.

**Is your RETURN ADDRESS completed on the reverse side?**

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & 5.
- 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 package, or on the back if space does not permit.
- Write "Return Receipt Requested" on the package below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Laurstar Telecommunications, Inc.  
 7820 Capwood Avenue  
 Tampa FL 33637-4937

4a. Article Number  
 96410

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

1. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Date of Delivery  
 11-25-96

5. Signature (Postmaster)  
 [Signature]

6. Signature (Agent)  
 [Signature]

Addresser's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 S.U.S. GPO: 1989-305-714

**DOMESTIC RETURN RECEIPT**

DOCUMENT NUMBER-DATE  
 12711 NOV 27 88  
 FPSC-RECORDS/REPORTING