

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):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

Thank you for using Return Receipt Service.

Is your RETURN completed on the reverse side?

3. Article Addressed to:

941011

4a. Article Number

96-0279

Ti-Communication
1832 Clearbrooke Drive
Clearwater FL 34620-1430

4b. Service Type

- Registered
- Express Mail
- Return Receipt
- Date of Delivery

- Certified
- Insured
- COD

7. Date of Delivery

NOV 26

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address and fee is paid requested



Domestic Return Receipt

PS Form 3811, December 1994

DOCUMENT NUMBER-DATE

12740 DEC-28

FPSC-RECORDS/REPORTING