

ORIGINAL  
FILE COPY

Is your RETL

6. Agent's (Agent)  
*John W. ...*

FS Form 3811, December 1991

DOMESTIC RETURN RECEIPT

L & B Communications  
1838 Riverview Street  
Jacksonville FL 32208-2626

X Certified.



Return Receipt for  
Registered Mail  
Type  Insured  
 COD  
 Return Receipt for Registered Mail

ad on the reverse side?

SENDER:  
• Complete items 1 and/or 2 for additional services.  
• Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.  
• 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 Requester" 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: 961504

4. Article Number: 97-0011  
I also wish to receive the following services (for an extra fee):  
1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- W'S \_\_\_\_\_
- OT \_\_\_\_\_

DOCUMENT NUMBER-DATE  
01135 JAN 29 92  
FPSC-RECORDS/REPORTING