

FILE COPY

ACK
AFA
ADP
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DTH

Is your BE

6. Signature Addressee or Agent
 X Chleen Contrill
 PS Form 3811, December 1994

Domestic Return Receipt

3. Article Addressed to: 9100 SE | 4a. Article Number: 67

Zone Phone Company
 P. O. Box 1557
 Davenport FL 33837-1557

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

Certified
 Insured
 Merchandise COD

7-2090
 Press (Only if requested)

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.

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Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE
02116 FEB 25 6
FPSC-RECORDS/REPORTING