

FILE COPY

ACK _____
AFA _____
APP _____
CAF _____
CMT _____
CNR _____
EAS _____
LES _____
LPT _____
RTR _____
SND _____
TTH _____

is your RETURN A

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

3. Article Addressed to: 910553-TP 4a. Article Number _____

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

Indianatown Telephone Long Distance Co.
 P. O. Box 1727
 Indianatown FL 34956-1727

Date of Delivery 8-1-97

5. Received By: (Print Name) _____

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid) _____

Thank you for using Return Receipt Service.

Domestic Return Receipt
 PS Form 3811, December 1994

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08/08/97