

ORIGINAL

**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.

3. Article Addressed to: 970961

4a. Article Number 97-041

Discount Plus  
330 West Spring Street, Suite 101  
Columbus OH 43215

Certified  
 Insured  
Merchandise  COD

less (Only if requested)

6. Signature (Addressee or Agent)  
X Michael Coulter

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU   I    
 CTR \_\_\_\_\_  
 EAG \_\_\_\_\_  
 LEG   I    
 LIN \_\_\_\_\_  
 RPD \_\_\_\_\_  
 RCH \_\_\_\_\_  
 SEC   I    
 WAS \_\_\_\_\_  
 YTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
**10403 OCT-96**  
 FPSC-RECORDS/REPORTING