

ORIGINAL

Completed on the reverse side?

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:

970956

4a. Article Number

97-0239

4b. Service Type

- Certified
- Insured

Merchandise COD

10-3-97

Press (Only if requested)

CMC Telecom, Inc.
28200 Orchard Lake Road, Suite 104
Farmington Hills MI 48334

R. Dochowitz

Is your

Signature (Addressee or Agent)
 R. Dochowitz

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- PS _____
- SC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

11028 OCT 24 5

FPSC-RECORDS/REPORTING