

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

3. Article Addressed to: 977426 4a. Article Number 97-301

Harrison Communications, Inc.  
 101 Ocean Lane Drive, #407  
 Key Biscayne FL 33149-1446

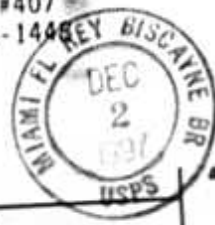
Certified  
 Insured  
 Merchandise  COD  
 as (Only if requested)

6. Signature: (Addressee or Agent) [Signature] and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.



- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SR \_\_\_\_\_
- Ver \_\_\_\_\_

DOCUMENT NUMBER-DATE  
 12626 DEC-96  
 FPSC-RECORDS/REPORTING