

ORIGINAL

990519

1153-PAA

Is your RETURN AL	SENDER:		I also wish to receive the following services (for an extra fee):
	<ul style="list-style-type: none"> ■ 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. 		
3. Article Addressed to:		4a. Article Number	
Cathey, Hutton & Associates, Inc. Amy Linzey, Authorized Representative 3721 Executive Center Drive, Suite 200 Austin, Texas 78731-1639		99-163	
		b. Service Type	
		<input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD
		c. Date of Delivery	
		7/6/99	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent)			
X <i>[Signature]</i>			

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC _____
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE
 08226 JUL 12 99
 FPSC-RECORDS/REPORTING