ORIGINAL

8 - 12

7-

. .

on the reverse side?	<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		I also wish to receive the following services (for an extra fee): 1.	eceipt Service.
N ANNRFSS romulated	Cherry Communications Mr. Richard Heidecke Building D, Suite 219 1919 South Highland Avenue Lombard 11 60148		99-170 Certified Insured erchandise COD	hank you for using Return Rec
s your <u>RETUR</u> N	Signature: (Addresseef@Agent) X ) e Reeh		<u>.</u>	
	PS Form 381/1, December 1994		Domestic Return Receipt	

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

DOCUMENT NUMBER-DATE

FPSC-RECORDS/REPORTING