

ORIGINAL

2193-PAA

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:

011024

4a. Article Number

Public Communications Services, Inc.
 11859 Wilshire Blvd., Suite 600
 Los Angeles CA 90025-6621

- Certified
- Insured

Merchandise COD

11/14

Postage (Only if requested)

6. Signature: (Addressee or Agent)

X. *[Handwritten Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- APP
- CAF
- CMP
- COM
- CTR
- ECR
- LEG
- OPC
- PAI
- RGO
- SEC
- SER
- OTH

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK