

D1D603-TC

ORIGINAL

2289-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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: 010603	4a. Article Number

Radio Communications Corporation
 Patricia Rothenberger
 381 North York Road, Suite 25
 Elmhurst IL 60126-2364

Certified
 Insured
 Payment for Merchandise
 COD

Address (Only if requested)
 id)

Is your signature of:
 6. Signature (Addressee or Agent)
 X *Robert K. Seidel*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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