

ORIGINAL  
FILE COPY

910134-TF

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check (circle) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:

NTS-TAMPA, INC.  
ATTN: JAMES M. PLAUTZ  
4350 WEST CYPRESS ST.,  
STE# 406  
TAMPA, FL. 33607-4154

4. Article Number  
78726

Type of Service:

Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *James M. Plautz*

6. Signature - Agent  
X

7. Date of Delivery  
3/21/91

8. Addressee's Address (ONLY if requested and fee paid)

PO Form 3811, Apr. 1991

DOMESTIC RETURN RECEIPT

- ACK \_\_\_\_\_
- AF \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CH \_\_\_\_\_
- CR \_\_\_\_\_
- E \_\_\_\_\_
- LF \_\_\_\_\_
- LI \_\_\_\_\_
- OC \_\_\_\_\_
- RCR \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_