

0355-TC

ORIGINAL
FILE COPY

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTD _____
- EMO _____
- LEA _____
- LIN _____
- OPC _____
- RCH _____
- SEC J
- WAS _____
- OTH _____

SENDER Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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 box(es) 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:
 Star Communications Systems
 Attn: Richard Ferris
 1408 19th St.
 Vero Beach, FL 32960-3527

4. Article Number
 78856

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

6. Signature - Agent
 X *Teri Turner*

7. Date of Delivery
 5-15-91

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

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-225-015

DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE

04918 MAY 17 1991

PSC-RECORDS/REPORTING