

ORIGINAL
FILE COPY

Is your RETURN ADDRESS completed on the reverse side?	SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• 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): <ol style="list-style-type: none"><input type="checkbox"/> Addressee's Address<input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: <p style="text-align: center;">960430</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Tele Com Systems 3904 Estepona Avenue Miami FL 33178-2926</div>	4a. Article Number <p style="text-align: center;">96-0199</p>
	5. Signature (Addressee)	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	6. Signature (Agent)	7. Date of Delivery <p style="text-align: center;">5/29/96</p>
8. Addressee's Address (Only if requested and fee is paid)		
PS Form 3811, December 1991 U.S. GPO: 1993-362-714 DOMESTIC RETURN RECEIPT		

Thank you for using Return Receipt Service.

ACK _____
AFA _____
APP _____
CAF _____
COM _____
CTT _____
EAG _____
FEV _____
LTH _____
GPC _____
RCH _____
SEC 1 _____
WAS _____
OTH _____

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