

ORIGINAL
FILE COPY

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

96-0195

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

5/28/96

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

HBC Communications, Inc.
1390 N. University Dr.
Plantation FL 33322-4734

5. Signature (Addressee)

6. Signature (Agent)

Thank you for using Return Receipt Service.

PS Form 3811, December 1991

U.S. GPO: 1993-382-714

DOMESTIC RETURN RECEIPT

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- ERG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
06101 JUN-3 96
FPSC-RECORDS/REPORTING