

KCK
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ed 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

960471

4a. Article Number

96-0208

Teledraft, Incorporated
10503 Timberwood Circle, Suite 204
Louisville KY 40223

b. Service Type

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

7. Date of Delivery

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

Is your RETURN ADDRESS

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

DOCUMENT NUMBER-DATE
06269 JUN 11 96
FPSC-RECORDS/REPORTING

State of Florida

Public Service Commission

Fletcher Building, 101 East Gaines Street
Tallahassee, Florida 32399-0850



960471

Teledraft, Incorporated
10503 Timberwood Circle, Suite 204
Louisville KY 40223

CERTIFIED MAIL
Return Receipt Requested
No. 96-0208

TELE503A 402231014 1398 06/04/96
RETURN TO SENDER
TELEDRAFT INC
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

