

960649-TC

<b>SENDER:</b> *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>960649</b>  Telaleasing Enterprises, Inc. 601 West Morgan Jacksonville IL 62650-		4a. Article Number <b>96-0230</b> 4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Certified <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)  6. Signature: (Addressee or Agent) <i>* [Signature]</i>		7. Date of Delivery <b>7-19-86</b> 8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1984		Domestic Return Receipt	

Completed on the reverse side?

Is your RETURN

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- DTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
**07715 JUL 23 86**  
 FPSC-RECORDS/REPORTING