

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.

3. Article Addressed to: *Thomas No. 260*

4a. Article Number: *96-250*

4b. Service Type

Registered

Certified

Express

Insured

Restricted Receipt for Merchandise

5. Date of Delivery: *10/14/88*

6. Addressee's address (if requested and fee is paid)

7. Article Addressed to: *Delqum Telecommunications, Inc.*
~~2267 Fox Hill Drive~~
~~Clearwater FL 34621-1704~~
210 Balika
PO Box 4418
26504-4418

8. Signature (Agent): *[Signature]*

PS Form 3811, December 1987 4978 GPO 1985-502714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Services.

ACK _____

AFA _____

ADP _____

CAT _____

CMR _____

CTT _____

EMR _____

LE _____

LI _____

CI _____

R _____

SE 1 _____

WFS _____

OT- _____

DOCUMENT NUMBER-DATE

10946 OCT 14 88

FPSC-RECORDS/REPORTING