

SENDER:

- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3 Article Addressed to: 960841 4a Article Number 96263

LDM Systems, Inc.
Main Floor
254 South Main Street
New City NY 10956-0584

Certified
 Insured
Merchandise COD

10/23
Date (Only if requested)

6. Signature (Addressee or Agent)
 Stacey Garen

PS Form 3811, December 1995 Domestic Return Receipt

Thank you for using Return Receipt Service.

ACK _____
 AFA _____
 APP _____
 AT _____
 CND _____
 DND _____
 EAS _____
 FTS _____
 SEC 1 _____
 WAS _____

DOCUMENT NUMBER-DATE
 11411 OCT 28 88
 FPSC-RECORDS/REPORTING