

ACK \_\_\_\_\_  
AFA \_\_\_\_\_  
APP \_\_\_\_\_  
CAF \_\_\_\_\_  
CMU \_\_\_\_\_  
CTR \_\_\_\_\_  
EAG \_\_\_\_\_  
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LIN \_\_\_\_\_  
OPC \_\_\_\_\_  
RCH \_\_\_\_\_  
SEC \_\_\_\_\_  
WAS \_\_\_\_\_  
OTH \_\_\_\_\_

Thank you for using Return Receipt Service.

**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.

1.  Addresser's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Trans Continental Communication, Inc  
 8626 Tesoro Drive, Suite 440  
 San Antonio TX 78217  
*961667*

4a. Article Number: *960289*  
 4b. Service Type  
 Registered  
 Insured  
 Certified  
 COD  
 Return Receipt for Merchandise

5. *5*

6. Signature (Agent): *[Signature]*  
 PS Form 3811, December 1991 © U.S. GPO: 1993-382-714

7. Date of Delivery: *NOV 23 1991*

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

**DOMESTIC RETURN RECEIPT**

is your RETL