

ORIGINAL
FILE COPY

061833

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Attach this form to the reverse of the mailpiece, or on the back if space does not permit.
 *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:
 Fox Fiber Optics
 Dennis Marshall
 616 Dillard
 Winter Garden FL 34787

4a. Article Number 97-0092

Certified
 Insured
 or Merchandise COD
5-7-97
 Address (Only if requested)

5. Signature (Addressee or Agent)
 [Signature]
 PG Form 3811, December 1994

Is your _____
 Domestic Return Receipt

DOCUMENT NO.
04775-97
05/13/97