

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

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

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 Requestor" on the multiple 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.

4a. Article Number **97-063**

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery **7-25-97**

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

3. Article Addressed to:
970733
 Sarasota Communication Co
 5032 Beauvillage Avenue
 Sarasota FL 34243-2686

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
 X *Jack Benin*

PS Form 3811, December 1994

Domestic Return Receipt

DOCUMENT NUMBER-DATE
07643 JUL 29 96
FPSC-RECORDS/REPORTING