

ORIGINAL  
FILE COPY

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 the form to the front of the magazine, or on the back if space does not permit.
- \* Print "Return Receipt Requestor" on the magazine 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:

DYNATEL  
2002 Saint Martins Drive, West  
Jacksonville, FL 32246-7050

4a. Article Number

97024

97-0156

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Insured
- OOD

7. Date of Delivery

8. Addressee's Address (Only if requested and for insured)

5. Received By: (Print Name)  
6. Signature: (Addressed by Agent)

X

PS Form 3811, December 1994



Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCM \_\_\_\_\_
- SEC 1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

07834 AUG-15

FPSC-RECORDS/REPORTING