

ORIGINAL
COPY

ACK _____
 AFA _____
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 SCS 1 _____
 WAS _____
 WTH _____

is your RETURN Address printed 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 Requester" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to: 970554-TP 4a. Article Number

Indianatown Telephone System, Inc.
 Mr. Robert M. Post, Jr.
 P. O. Box 277
 Indianatown FL 34956-0277

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

5. Received By: (Print Name) _____
 7. Date of Delivery 8-4-97

6. Signature: (Addressee or Agent) [Signature]
 8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

DOCUMENT NO.
6616080
66180180