

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 Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

4a. Article Number
990627

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery
WE 8.18.97

5. Received By: (Print Name)
King Communications, LTD.
5719 Airport Freeway
Fort Worth TX 76117

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

6. Signature: (Addressee or Agent)
X *Jim Kelly*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPR _____
- ROB _____
- SEL 1 _____
- WAS _____
- ZTH _____

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28/25/97