

ORIGINAL
FILE COPY

ACK _____
AFA _____
APP _____
CAF _____
CMU 1 _____
CTR _____
EAG _____
LEG 1 _____
LIN _____
OPR _____
RCH _____
SPL _____
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.
- 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 Request" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 970932 4a. Article Number 97-0193

International, Inc.
Riveredge Parkway, Suite 900
Atlanta GA 30328-4618

4. Type of Mailpiece Certified Insured COD

5. Delivery Date 9-11-97

6. Address (Only if requested) _____

7. Signature (Address or Agent)
[Signature]
PS Form 3811, December 1984

Domestic Return Receipt

Printed on the reverse side

DOCUMENT NUMBER-DATE
09443 SEP 16 5
FPSC-RECORDS/REPORTING