

ORIGINAL

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 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: 970949 4a. Article Number 97-0237

LDD, Inc.
 24 South Minnesota Street
 Cape Girardeau MO 63702

Certified
 Insured
 Merchandise COD

10-6-97
 Date (Only if requested)

6. Signature: (Addressee or Agent)
X Larrin Semmes

PS Form 3811, December 1994 Domestic Return Receipt

Printed on the reverse side?

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE
10422 OCT 10 97
 FPSC-RECORDS/REPORTING