

Read 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 the 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: 971128

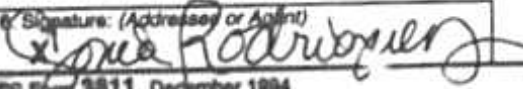
4a. Article Number 97-0256

NETWORLD Communications, Inc.  
4770 Biscayne Blvd., Suite 880  
Miami FL 33137-3237

Certified  
 Insured  
 Merchandise  COD  
11/17/94  
 Fee (Only if requested)

Thank you for using Return Receipt Service.

In your D:

Signature (Addressee or Agent)  


PS Form 3811, December 1994

Domestic Return Receipt

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EMS \_\_\_\_\_
- LEO \_\_\_\_\_
- LET \_\_\_\_\_
- QFC \_\_\_\_\_
- TECH \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

**10494 OCT 13 6**

FPSC-RECORDS/REPORTING