

ORIGINAL

ed 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 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 97114

4a. Article Number 97-94

Westinghouse Communications
P. O. Box 155
Pittsburgh PA 15230-0155

pe
 Certified
 Insured
 COD
 Address (Only) requested

and fee is paid.

Domestic Return Receipt

to your RE:

6. Signature (Addressee or Agent)

X P. Bell

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

- ACK _____
- AFM _____
- AFS _____
- CA _____
- CFM _____
- CTM _____
- EMS _____
- LE _____
- LFR _____
- OF _____
- ROK _____
- SEL 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

10495 OCT 13 5

FPSC-RECORDS/REPORTING