

ORIGINAL

Printed 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

970934

4a. Article Number

97-222

Touchtone  
3550 Biscayne Blvd., Suite 705  
Miami FL 33137-3857

- Certified
- Insured

Merchandise  COD

9-25-97

less (Only if requested)

Thank you for using Return Receipt Service.

Is your ID

6. Signature: (Addressee or Agent)

X Debbie Gomez

Form 3811, December 1994

Domestic Return Receipt

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC   1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

10500 OCT 13 5

FPSC-RECORDS/REPORTING