

ORIGINAL

Printed on the reverse side of this form

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:

971101

4a. Article Number

97-0166

Atlantic Telesis Group, Inc.
2150 Central Park Avenue, Suite 205
Yonkers NY 10710

- Certified
- Insured
- Merchandise COD

Address (Only if requested)

10/20/97

Thank you for using Return Receipt Service.

Is your E?

6. Signature (Addressee or Agent)

X *Alona Ash*

PS Form 3811, December 1994

Domestic Return Receipt

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPU _____
- ROH _____
- SEC 1 _____
- WAS _____
- YTH _____

DOCUMENT NUMBER - DATE

11262 OCT 31 5

FPSC-RECORDS/REPORTING