

ORIGINAL

Is your RETURN ADDRESS completed 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: 971129

Business Choice Network, Inc.  
 Mr. Henry G. Miller, III  
 2 Corporate Plaza Drive, Suite 200  
 Newport Beach CA 92660-

4a. Article Number 97

Certified  
 Insured  
 COD

10-31  
 s (Only if requested)

6. Signature: (Addressee or Agent)  
X M. Hansen

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU I
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG I
- LIN \_\_\_\_\_
- QPC \_\_\_\_\_
- RCN \_\_\_\_\_
- R-C I
- R-S \_\_\_\_\_
- RSP \_\_\_\_\_

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