

**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: *CONFID. MAIL*  
 9700 [redacted]

Telecom Tariff Consultants  
 Cynthia D. Kott  
 P. O. Box 14062  
 Ft. Lauderdale, FL 33302

4a. Article Number  
 98-0014

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)  
 Alison Kacuron

6. Signature: (Addressee or Agent)  
 x Alison Kacuron

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CALL \_\_\_\_\_
- CDR \_\_\_\_\_
- F \_\_\_\_\_
- T \_\_\_\_\_

DOCUMENT NO.  
 01111000  
 1-21-98