

Label 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:

90041

4a. Article Number

98-0059

Fax Fone - USA  
2701 Pinehurst  
Ft. Lauderdale FL 33332-1807

Certified  
 Insured

Merchandise  COD

2-20-98  
fee (Only if requested)

In your

6. Signature: (Addressee or Agent)

X

PS Form 3817, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- FCH \_\_\_\_\_
- SEC
- WAS \_\_\_\_\_
- OTU \_\_\_\_\_

DOCUMENT NO.  
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02/24/98