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**REMEMBER:**

- 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.

Article Number: 49-0331

I also wish to receive the following services (for an extra fee):

1  Addressee's Address  
 2  Restricted Delivery  
 Consult postmaster for fee

LDOS WorldCom  
 Mr. Brian Sulmonetti  
 1515 South Federal Highway, Suite 400  
 Boca Raton FL 33432-7404

Service Type:  
 Registered  Certified   
 Express Mail  Insured   
 Return Receipt for Merchandise  COD

Date of Delivery: 4/19/98

5. Received By: (Print Name)  
S. T. [Signature]

6. Signature: (Addressee or Agent)  
X [Signature]

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

is your RETURN

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- QIR \_\_\_\_\_
- RFB \_\_\_\_\_
- SE \_\_\_\_\_
- WAS \_\_\_\_\_
- ZZZ \_\_\_\_\_

DOCUMENT NUMBER-DATE

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U.S. MAIL SERVICE REPORTING