

ORIGINAL

1720

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: 481203
 Own Your Own Phone Centers, Inc.
 James N. McDonald
 P. O. Box 364
 Bessemer AL 35021-0364

4a. Article Number 98-195B

Certified
 Insured
 COD
Only if requested

6. Signature: (Addressee or Agent)
X. McDonald

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?
 Thank you for using Return Receipt Service.

- AICK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

14609 DEC 28 88

FPSO-RECORDS/REPORTING