

990132-TP

Is your RETURN ADDRESS completed on the reverse side?

|   |  |   |
|---|--|---|
| <b>SENDER:</b><br>■ Complete items 1 and/or 2 for additional services.<br>■ Complete items 3, 4a, and 4b.<br>■ Print your name and address on the reverse of this form so that we can return this card to you.<br>■ Attach this form to the front of the mailpiece, or on the back if space does not permit.<br>■ Write "Return Receipt Requested" on the mailpiece below the article number.<br>■ 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):<br>1. <input type="checkbox"/> Addressee's Address<br>2. <input type="checkbox"/> Restricted Delivery<br>Consult postmaster for fee.  |
| 3. Article Addressed to:<br>GTE Florida Incorporated<br>One Tampa City Center<br>201 N Franklin Street, 14th Floor<br>Tampa, Florida 33602<br>BX110   | 4a. Article Number<br>99-105                               | 4b. Service Type<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |
| 5. Received By: (Print Name)<br>J. Cannella   | 7. Date of Delivery<br>2-11-99                             |   |
| 6. Signature: (Addressee or Agent)<br>X   | 8. Addressee's Address (Only if requested and fee is paid) |   |

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC   1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

01992 FEB 16 99

FPSG-RECORDS/REPORTING