

0442

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 eard to you.	I also wish to receive the following services (for an extra fee):
Attach this form to the front of the mailpiece, or on the back if space does not germit. 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.	Addressee's Address Restricted Delivery Consult postmaster for fee.
4a. Article N. 4b. Service 7	umber 99-225
World-Link, Inc. Paul Stamoulis 70 East 55th Street New York NY 10022 57 NY	× 00-15-4
Signature: (Addressee or regern)	0 5 Ill equested
Was Form \$611 Outs and \$1004	Domestic Réturn Receipt

AFA
APP
CAF
CMU
CTR
EAG
EG
LIN
OPC
₹CH
SEC
NAS
2711

ACK _

DOCUMENT NUMBER-DATE

40857/65 9 HAR 23 E