

ORIGINAL

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: 990361.
 Hillsborough Communications Corporation
 P. O. Box 273772
 Tampa FL 33688-3772

4a. Article Number GG-107

Certified
 Insured
 COD
 Merchandise COD

5-13-99
 (Only if requested)

B. YOUSEFIZADEH
X. Adm 3211

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Domestic Return Receipt

0133 SC

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC _____
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE

06176 MAY 17 8

FPSC-RECORDS/REPORTING