

ORIGINAL

0073-

the reverse side?	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.	991613	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
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Financial Intranet, Inc.
 116 Radio Circle
 Mount Kisco NY 10549

00-037

- Certified
- Insured
- COD



Is your RETURN	5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
	6. Signature: (Addressee or Agent) X	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

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

DOCUMENT NUMBER-DATE

00672 JAN 18 94

FPSC RECORDS/REPORTING