

ORIGINAL

0073-PAA

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.

991612

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

KCI Original, Inc.
 Adman Elyaman
 P. O. Box 513
 Frostproof FL 33843-0513

00-039

- Certified
- Insured
- Merchandise COD

1-14-00

your RETURN

5. Received By: (Print Name)

Alice Elyaman

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

X Alice Elyaman

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-E-0229

Domestic Return Receipt

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

DOCUMENT NUMBER-DATE

00676 JAN 18 8

FD-302-RECORDS/REPORTING