

ORIGINAL

0073-PAA

SENDER: 991598

- 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.

Philacom Inc.
Richard Cicciu
8 Surf Road
Ocean Ridge FL 33435-7324

00-070

Certified
 Insured
Merchandise COD

nc 1/18

5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) <i>X [Signature]</i>	

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN address on the reverse side?

Thank you for using Return Receipt Service.

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- REG 1 _____
- RAW _____
- OTH _____

DOCUMENT NUMBER-DATE

~~00962~~ JAN 21 8

POST OFFICE OF ORIGIN