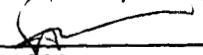
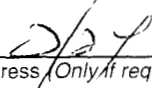


ORIGINAL

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Is your RETURN	<b>SENDER:</b> ■ 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	Coinphone Plus Communications, Inc. Stephen M. Weiss 6244 N.W. 21st Court Boca Raton FL 33496-2649	000067-TC 00-0069 <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD Merchandise
	5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
	6. Signature: (Addressee or Agent) X 	
	PS Form 3811, December 1994	102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- MAAS \_\_\_\_\_
- OPC \_\_\_\_\_
- RRR \_\_\_\_\_
- SEC \_\_\_\_\_
- WAW \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

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