

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLTE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) <i>M. S. [Signature]</i>	B. Date of Delivery
1. Article Addressed to:	C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Communication Service Centers 777 South State Road 7 Margate FL 33068-2823	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label)	PSC-01-0655-SC-TX 010129-TX Press Mail Return Receipt for Merchandise .D. Fee) <input type="checkbox"/> Yes	
7000 0600 0026 4144 8954	PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE
 03673 MAR 22 86
 PSC-01-0655-SC-TX