

ORIGINAL

010126-TX

PSC-01-1314-SC-TX

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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- 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)	B. Date of Delivery
	07/20
C. Signature	
	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item address below:	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Cellular One of Southwest Florida  
 2100 Electronics Lane  
 Ft. Myers FL 33912-1605

010126-TX

Express Mail	
Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)  
 7000 0600 0026 4144 3218

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PS Form 3811, July 1999      Domestic Return Receipt      102595-00-M-0952

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGD \_\_\_\_\_
- SEC
- SER \_\_\_\_\_
- OTF \_\_\_\_\_

DOCUMENT NUMBER-DATE  
 07864 JUN 25 86  
 FPSC-RECORDS REPORTING