

D10861-TI

ORIGINAL

2037.PAA

I on the reverse side? 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.	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.
3. Article Addressed to:	4a. Article Number
Mr. Colin Wood Transworld Network, Corp. 7702 Woodland Center Blvd., Suite 50 Tampa, FL 33614	7000 0600 0026 4446570
	<input type="checkbox"/> Certified <input type="checkbox"/> Insured for Merchandise <input type="checkbox"/> COD ry 10-2501
5. Received by (Print name)	Address (Only if requested and fee is paid)
Irene Nobles	
6. Signature: (Addressee or Agent)	
X Irene Nobles	
PS Form 3811, December 1994	Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your REEL

MR	_____
MA	_____
MC	_____
MD	_____
ME	_____
MF	_____
MG	_____
MH	_____
MI	_____
MO	_____
MP	_____
MQ	_____
MR	_____
MS	_____
MT	_____
MU	_____
MV	_____
MW	_____
MX	_____
MY	_____
MZ	_____

DOCUMENT NUMBER-DATE
13631 OCT 29 85

FPSC-COMMISSION DE POSTES