

011043-TI

ORIGINAL

2294-PAA

Printed on the reverse side?

**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.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

011043

4a. Article Number

4b. Service Type

- Certified
  - Insured
  - Receipt for Merchandise
  - COD
- Delivery

Sort Hospitality Services, Ltd.  
P.O. Box 5568  
Hilton Head Island SC 29938-5568

Address (Only if requested paid)

Is your

6. Signature: (Addressee or Agent)

X *Harold Cruse*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER - DATE

15011 NOV 29 86

FPSC-COMMISSION CLERK