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| 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 the card to you. Attach this form to the front of the mailpiece, or on the back if spermit. Write "Return Receipt Requested" on the mailpiece below the allowed the second to you. | space does not | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. |
|--|----------------|--|
| Compact Data Systems, Inc. 5001 Rio Vista Avenue Tampa FL 33634-5321 | 4a. Article N | Certifie Insured Chandise COD |
| 6 Signature (Addressee or Algent) | and rec to | s (Only it requested |



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