

ORIGINAL

Read 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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: <u>97043</u>	4a. Article Number <u>77 220</u>	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Merchandise <input type="checkbox"/> COD <u>9/26</u> Address (Only if requested)	
US Communications 760-A East Pipeline Road Hurst TX 76053-				
Is your Bill	6. Signature: (Addressee or Agent) <input checked="" type="checkbox"/> <u>V. Esquivel</u>		Domestic Return Receipt	
PS Form 3811, December 1994				

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
10036 SEP 30 5
 FPSC-RECORDS/REPORTING