

971327-TC

ORIG

Is your RETURN... listed 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:

Atlantic Telephone Systems, Inc.  
1010 North Venetian Drive  
Miami Beach FL 33139-1017

4a. Article Number  
97-320

Service Type

Registered  Certified  
Express Mail  Insured  
Return Receipt for Merchandise  COD

Date of Delivery  
7.98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU   1
- CTR \_\_\_\_\_
- EM \_\_\_\_\_
- ST   1

VENT NO.  
00533-9  
8/19/98