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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>981555</u>	4a. Article Number <u>98-0003</u>		
TSI Communications 1500 W. Cypress Creek Road, Suite 306 Ft. Lauderdale FL 33309-1850		<input type="checkbox"/> Certified <input type="checkbox"/> Insured Merchandise <input type="checkbox"/> COD <u>117</u> / <u>98</u> fees (Only if requested)		
Is your RE	6. Signature: (Addressee or Agent) X <u>J. B. Sogiani</u>		Thank you for using Return Receipt Service.	
PS Form 3811, December 1994		Domestic Return Receipt		

DOCUMENT NO.
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