

981620

**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.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to: 981620 | 4a. Article Number 09-126

Adtel Communications, Inc.  
 Tom Rose  
 3114 45th Street, Suite 4  
 West Palm Beach FL 33407-1945

Certified  
 Insured  
 Indise  COD  
2/14/99  
 Only if requested

5

6. Signature (Addressee or Agent)  
 [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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

DOCUMENT NUMBER-DATE

02177 FEB 18 98

FPSC-RECORDS/REPORTING