

ORIGINAL

0522-PAA

is your RETURN ADDRESS completed 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. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

PRIMECALL, Inc.
 Ronald B. Fox
 1520 Eastlake Avenue East, 2nd Floor
 Seattle WA 98102

991871

00-98

- Certified
- Insured
- andise COD

32000
(Only if requested)

5. Received By: (Print name)

Ronald B. Fox

and fee is paid)

6. Signature: (Addressee or Agent)

Ronald B. Fox

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC I
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE

03781 MAR 27 8

PSO-RECORDS/REPORTING