

ted on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

960978

4a. Article Number

96-0219

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

6/3/96

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

CRG International, Inc.
 2161 Newmarket Parkway, Suite 162
 Marietta GA 30067

Is your RETURN ADDR

5. Signature (Addressee)

6. Signature (Agent)

Colleen Gilson

PS Form 3811, December 1991 U.S. GPO: 1993-302-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

- ACR _____
- AFA _____
- APR _____
- CRF _____
- CRU _____
- CTR _____
- EAG _____
- LEG _____
- LN _____
- PSD _____
- ROH _____
- SEP 1 _____
- WPS _____
- OTH _____

DOCUMENT NUMBER-DATE

06258 JUN 10 96

FPSC-RECORDS/REPORTING