

ORIGINAL

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: 4a. Article Number
 Dominican Communications Corporation
 John A. Ligon
 2 Bennett Avenue, 3rd Floor
 New York NY 10033

981325
 99-029

Certified
 Insured
 COD
1/8
 (Only if requested)

and fee is paid)

6. Signature: (Addressee or Agent)
X [Signature]

PS Form 3811, December-1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE

00567 JAN 14 88

FPS-RECORDS/REPORTING