

ORIGINAL
FILE

DOCKET NO. 92-217

RETURN RECEIPT REQUESTED

FEE PAID

CERTIFIED

MAIL

ORDER DATED
9-1-92
FCC
MIMEOGRAPH NO.
DA 92-217

RETURN RECEIPT REQUESTED

NAME: Cook Enterprises Inc.

P.O. Box 1240
Minden, LA 71055

C. R. R. NO.

BY _____

97302

FCC Form 55 May 1990

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 next to the article number.

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:

Cook Enterprises, Inc.
P.O. Box 1240
Minden, LA 71055

4a. Article Number

97302

4b. Service Type

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

7. Date of Delivery

OCT - 5 1992

5. Signature (Addressee)

Sal Cook

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

6. Signature (Agent)