

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 LIN _____
 OPC _____
 RCH _____
 SEC: J _____
 WAS _____
 OTH _____

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: **900125**

David Holwade
Suite 2 - 1191
5200 North Federal Highway
Lauderdale FL 33308-3253

4a. Article Number: **96-0135**

4b. Service Type

Registered Insured

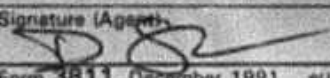
Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery: **3-20-96**

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

5. Signature (Addressee)

6. Signature (Agent): 

PS Form 3811, December 1991 U.S. GPO: 1993-562-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE
03497 MAR 22 96
 FPSC-RECORDS/REPORTING