

010624-TC

ORIGINAL

1831-PAA

**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 10624

Leisure Lake Co-Op, Inc.  
Winston Hawkins  
3003 U.S. Highway 41, North  
Palmetto FL 34221-5430

4a. Article Number  
7000 0600 0026 444 6875

Certified  
 Insured  
 COD

9.17.01  
s (Only if requested)

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

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC 1
- BER \_\_\_\_\_
- TH \_\_\_\_\_

DOCUMENT NUMBER-DATE

11682 SEP 19 01

FPSC-COMMISSION CLERK