

910251-TC

ORIGINAL
FILE COPY

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

Check boxes 1 and 2 when additional services are desired, and complete items 3 and 4. For additional fees the following services are available. Consult postmaster for fees.

1. Signature when delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

<p>3. Article addressed to:</p> <p>Hillside Club, Inc. Attn: Betty Jane Corp 901 Hillside Mile (A1A) Pompano Beach, Fl. 33062-2801</p>	<p>4. Article Number</p> <p>78802</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Addressee</p> <p>X</p>	<p>B. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent</p> <p>X</p>	
<p>7. Date of Delivery</p> <p>5/9/91</p>	

PS Form 3811, Apr. 1989 © U.S.G.P.O. 1989-029-015 DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE
04689 MAY 13 1991
SC-RECORDS/REPORTING