

ORIGINAL
FILE COPY

Is your RETURN ADDRESS completed on the reverse side?

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 96 0521

A.C.L. Vending, Incorporated
6522 S.W. 113th Court
Miami FL 33173-1949

4a. Article Number 96-0167

4b. Service Type

<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

7. Date of Delivery
MAY 28 1998

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

5. Signature (Addressee)
[Signature]

6. Signature (Agent)
[Signature]

PS Form 3811, December 1991 U.S. GPO: 1995-322-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

- APP _____
- CAR _____
- CMJ _____
- CTR _____
- ESP _____
- LIT _____
- QI _____
- RE _____
- SEL _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
06063 JUN-3 98
 FPSC-RECORDS/REPORTING