

961060-TC

FAE COPY

Thank you for using Return Receipt Service.

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.

1 also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number
96334

4b. Service Type

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

7. Date of Delivery
11-25-96

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

3. Article Addressed to:
Kauffman Cigarette Service, Inc.
17170 N.W. 2nd Court
Miami FL 33169-5993

6. Signature (Required)
[Signature]

PS Form 3811, December 1991 ©U.S. GPO: 1993-582-714

DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

DOCUMENT NUMBER-DATE
12712 NOV 27 96
 FPSC-RECORDS/REPORTING