

970033-TC

UNITED STATES
FILE COPY

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

Thank you for using Return Receipt Service.

<p>SENDER:</p> <ul style="list-style-type: none"> • 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. 	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>	<p>3. Article Addressed to: <u>970033</u> 14a. Article Number <u>97</u></p> <p>Lowell Glick 5761 Washington Street, Suite 3-C Hollywood FL 33023-1483</p>
<p>4. Signature: (Addressee or Agent) <u>[Signature]</u> and fee is paid</p>		
<p>5. <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD</p> <p><input checked="" type="checkbox"/> Merchandise <input type="checkbox"/> COD</p>		
<p>6. Signature: (Addressee or Agent) <u>[Signature]</u> and fee is paid</p>		
<p>PS Form 3811, December 1994</p>		

Domestic Return Receipt

DOCUMENT NUMBER-DATE

02080 FEB 24 6

FPSC-RECORDS/REPORTING