

ORIGINAL
FILE COPY

Completed on the reverse side?

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 before the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

1. Article Addressed to: 97089

AGBO, Inc.
 2919 South Ponte Vedra Blvd.
 Ponte Vedra Beach FL 32082-4531

2. Article Number: 97 2067

3. Service Type:
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

4. Date of Delivery: 3/21/99

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

6. Received By: (Print Name) XXX

7. I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

8. Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SSD _____
- W _____
- C _____

DOCUMENT NUMBER-DATE
03295 MAR 31 5
 FPSC-RECORDS/REPORTING