

ORIGINAL
FILE COPY

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIN _____
OPC _____
RCH _____
SEC 1 _____
WAS _____
OTH _____

is your _____ **Domestic Return Receipt**

6. Signature: (Addressee or Agent)
 [Signature]
 PS Form 3811, December 1994

Thank you for using Return Receipt Service.

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

3. Article Addressed to: 970649 4a. Article Number 97-0141

Jamal Mansour Enterprises, Inc.
 201 North Westshore Blvd.
 Tampa FL 33609-1918

Certified
 Insured
 Merchandise COD
7/5/97
 direct (Only if requested)

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.
 * This "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.

listed on the reverse side?

DOCUMENT NUMBER-DATE

06861 JUL-85

FPSC-RECORDS/REPORTING