

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

Is your return address listed 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 package, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the package below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 970929- 4a. Article Number 97-0196
 PTC Services
 2300 N.W. 89th Place
 Miami FL 33172-2431

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

Certified
 Insured
 COD
9-11-97
 Date (Only if requested)

6. Signature (Addressee or Agent)
 X _____

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NO.
09406-97
9-15-97