

ORIGINAL

Printed 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 below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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:

971659

4a. Article Number

97-0317

Stephanie A. Yelenosky
 Greenspoon, Marder, Hirschfeld, Rafkin, Ross,
 Ross & Berger, P.A.
 135 W. Central Blvd., Suite 1100
 Orlando, Florida 32801

- Certified
- Insured
- Merchandise COD

12/30/97

Address (Only if requested)

and fee is paid

6. Signature: (Addressee or Agent)

X *J. Hain*

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE

00450 JAN-8 88

FPSC-RECORDS/REPORTING