

0158-FOF

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: 971656 | 4a. Article Number 98-0035
 Robert A. Gusman
 13633 Deering Bay Drive
 Coral Gables FL 33158-2815

Certified
 Insured
 for Merchandise COD
 Y
1-29-98
 address (Only if requested and fee is paid)

6. Signature: [Signature]
 Is your ZIP code correct?
 PB Form 3817, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

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

DOCUMENT NO.
 02045-98
 02/09/98