

ORIGINAL

**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: 950042

4a. Article Number 98-0095661

Cournoyer, Inc.  
 7233 S.W. 134th Place  
 Miami FL 33183-3239

Certified  
 Insured  
 Merchandise  
 COD

*[Signature]*  
 2-19-98

PS Form 3811, December 1994 Domestic Return Receipt

is your name and address printed on the reverse side?

Thank you for using Return Receipt Service.

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

ORIGINAL

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