

ORIGINAL

1532

**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: 981127  
 Auto Image USA  
 5126 U.S. Highway 98, N.  
 Lakeland FL 33810-0513

4a. Article Number 98-127B

Certified  
 Insured  
 COD

11.23.98  
 \* (Only if requested)

Is your RETURN ADDRESS completed on the reverse side?  
 U.S. MAIL RECEIPT (POST OFFICE USE ONLY)  
 X Aeresa Dawson

PS Form 3811, December 1994

Thank you for using Registered Mail Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
**13364 NOV 30 98**  
 APPROVED FOR MAIL SORTING