

0329

Send on the reverse side?	<b>SENDER:</b> *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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: <u>481898</u>		4a. Article Number <u>99-185</u>	
Moving Media, Inc. Delroy Cowan 8298 N.W. 64th Street Miami FL 33166-2740		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured Merchandise <input type="checkbox"/> COD <u>2/25/99</u> less (Only if requested)		
Is your ZIP	5. Signature, Address or Agent <u>X Nancy Balro</u>		Domestic Return Receipt	
	PS Form 3811, December 1994			

Thank you for using Return Receipt Services.

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

DOCUMENT NUMBER-DATE  
~~02588~~ MAR-1 99  
 FPSC-RECORDS/REPORTING