

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: **090309**
 JMT of Tampa Bay, Inc.
 James M. Massaro
 3810 Hollow Wood Drive
 Valrico FL 33594-6357

4a. Article Number: **99-85**
 4b. Article Title

Certified
 Insured
 COD
 *Only if requested

5. Signature: (Addressee or Agent)
 X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

VALRICO FL 33594
 MAY 07 1999
 USPS

is your RETURN ADDRESS completed on the reverse side?
 Thank you for using Return Receipt Service.

AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 MAS _____
 OPC _____
 RRR _____
 EC T _____
 AV _____
 TH _____

DOCUMENT NUMBER-DATE
0590! MAY 10 8
 FPSC-RECORDS/REPORTING