

2063-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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 991186

4a. Article Number 99-252

4b. Service Type

Certified
 Insured
 Merchandise
 COD

11-5-99
 Date (Only if requested)

T.T.S.A., Inc.
 Sohail A. Khan
 4695-99 N.W. 199th Street
 Carol City FL 33055-1508

6. Signature: (Addressee or Agent)
 Sohail A. Khan

PS Form 3811, December 1994

Domestic Return Receipt

Printed on the reverse side?

Thank you for using Return Receipt Service.

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- PAI _____
- SEC 1 _____
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE

13759 NOV-8 99

FPSC-RECORDS/REPORTING