

ORIGINAL

0349 FOP

the reverse side?	SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.	000073 I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input checked="" type="checkbox"/> Restricted Delivery Consult postmaster for fee.
-------------------	---	---

Swire Brickell One Inc.
 Gregg Toland
 501 Brickell Key Drive, #600
 Miami FL 33131-2617

00-0062

Certified
 Insured
 Merchandise COD

Is your RETURN?	5. Received By: (Print Name) <i>Gregg Toland</i>	8. Addressee's Address (Only if requested and fee is paid)
	6. Signature: (Addressee or Agent) <i>[Signature]</i>	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

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

DOCUMENT NUMBER-DATE
 03081 MAR-98
 FEDERAL BUREAU OF INVESTIGATION