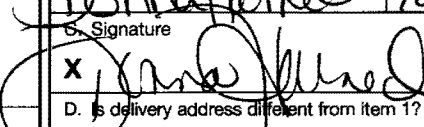


ORIGINAL

1794-PAA

<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) Donathine	B. Date of Delivery 10/4/00
	C. Signature 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: 001116-TC	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

Lakeshore Car Care, Inc.
 William Staley, Jr.
 991 U.S. 27 North
 Sebring FL 33870-2163

0

- Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
- (Extra Fee) Yes

2. Article Number (Copy from service label)

700 0 0600 0026 4145 5495

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

12801 OCT-68

FPSC-RECORDS/REPORTING