


1798

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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)	B. Date of Delivery 10-4-00
1. Article Addressed to:	C. Signature X <i>Don LEE</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
John Basilone 6574 North State Road #7, Suite 284 Coconut Creek FL 33073-3625	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Art	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
PS Fo	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC 1
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

12880 OCT-98

FPSC-RECORDS/REPORTING