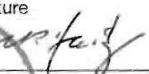


001045-TC

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
1. Article Addressed to:	C. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
I.C.G.I. William R. Heitz 1801 South Federal Highway, Suite 305 Delray Beach FL 33483-3335	If YES, enter delivery address below: <input type="checkbox"/> No	
	Express Mail Return Receipt for Merchandise C.O.D.	
2. Article Number (Copy from service label) 7000 0600 0026 4145 5969	<input type="checkbox"/> Extra Fee <input type="checkbox"/> Yes	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		



1796

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

DOCUMENT NUMBER-DATE
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