

ORIGINAL

001362-TI

01-0078-PAA

**SENDER: COMPLETE THIS SECTION**

- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Scott Aada</i>	1-11-01
C. Signature	
X <i>001362-TI</i>	<input type="checkbox"/> Agent
	<input type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
Address below:	<input type="checkbox"/> No

STC  
 Scott Aada  
 5701 Hollywood Blvd., Suite A  
 Hollywood FL 33021-6326

Express Mail  
 Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7000 0600 0026 4144 4161

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

00604 JAN 16 2001

FPSC-RECORDS/REPORTING