

ORIGINAL

1716-PAA

Printed on the reverse side?

**SENDER'S INSTRUCTIONS**

- Complete item.
- Complete item.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

10573

4a. Article Number

J.A.R.M. Enterprises, Inc.  
 Atilio Morales  
 13876 S.W. 56th Street, #113  
 Miami FL 33175-6021

- Certified
- Insured

Merchandise  COD

8-24-01

Postage (Only if requested)

Is your signature

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*

MAIL BOXES ETC. Postage fee is paid  
 13876 S.W. 56th ST.  
 MIAMI, FL 33175  
 PHONE: 305-385-8486  
 FAX: 305-385-3729

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE

10749 AUG 29 95

FPSC-COMMISSION CLERK