

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 7/2//86
	C. Signature Agent Addressee
1. Article Addressed to: 060464	D. Is delivery address different from item 1?
Royal American Hospitality. Inc. 9400 South Thomas Drive	
Panama City Beach, FL 32408-4213	3. Service Type Certified Mail
PSC-06-0613-PAA-TS	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	1160 0004 5751 2173
PS Form 3811 March 2001 Domestic Re	eturn Receipt 102595-01-M-1424

CMP _____
COM ____
CTR ____
ECR ___
GCL ___
OPC ___
RCA ___
SCR ___
SGA ___
SEC ___
OTH ____

DOCUMENT NUMBER - DATE

06473 JUL 24 8