

Original
FILE COPY

State of Florida
Florida Public Service Commission
Division of Records & Reporting
2540 Shumard Oak Blvd
Tallahassee, Florida 32301

CERTIFIED MAIL
Return Receipt Requested
No. 970221

VAPI Technics, Inc.
701 N.W. 13th Street.
Boca Raton FL 33486-2333

- REGISTERED MAIL
- RETURN RECEIPT REQUESTED
- RESTRICTED DELIVERY
- CERTIFIED MAIL
- REGISTERED MAIL
- RETURN RECEIPT REQUESTED
- RESTRICTED DELIVERY
- CERTIFIED MAIL
- INSURED
- COLLECTOR'S RECEIPT
- TEMPORARILY ABSENT
- VACANT

ROUTE NO _____ DATE _____
CANTONMENT NO _____



REMITTER:

- Complete items 1 and/or 2 for additional services
- Complete items 3, 4a, and 4b
- 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 envelope, or on the back if space does not permit.
- Write "Return Receipt Requested" on the envelope below the article number
- The Return Receipt will arrive to whom the article was delivered and the date delivered.

3. Article Addressed to: *VAPI*
**VAPI Technics, Inc.
701 N.W. 13th Street. #D-4
Boca Raton FL 33486-2333**

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) **X**

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

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

Consult postmaster for fee

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address Only if requested and fee is paid)

Thank you for using Return Receipt Service

If your RETURN ADDRESS completed on the reverse side

Domestic Return Receipt

PS Form 3811, December 1994

DOCUMENT NUMBER-DATE

03618 APR-95

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