

ORIGINAL

0252

**SENDER:**  
 \*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 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: 980019 | 4a. Article Number 8-0060

Brothers Auto Center, Inc.  
 10739 W. Atlantic Blvd.  
 Coral Springs FL 33071-6490

Certified  
 Insured  
 Merchandise  COD

ees (Only if requested)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Print on the reverse side?  
is your name

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- FA \_\_\_\_\_
- APP \_\_\_\_\_
- QAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- WAS \_\_\_\_\_
- QTH \_\_\_\_\_

DOCUMENT NO.  
~~123456~~  
 02/24/98