

ORIGINAL

Completed on the reverse side?

SENDER:

- Complete Items 1 through 3 for additional services.
- Complete Items 2, 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:

970016

4a. Article Number

98-0055

New Limits, Inc.
 5757 Calais Blvd., N., #4
 St. Petersburg FL 33714-2010

Certified

Insured

Postage for Merchandise COD

Delivery

FEB 20 1988

Address (Only if requested)

Thank you for using Return Receipt Services.

Is your

Signature of Addressee or Agent

PS Form 3811, December 1986

Domestic Return Receipt

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC I
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

02576 FEB 24 88

FPSC-RECORDS/REPORTING