

ORIGINAL

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:
 Eagle Liquidators of Miami Inc.
 Adrian Goett
 6771 S.W. 4th Street
 Miami FL 33144-3609

4a. Article Number
 99-0032

Certified
 Insured
 Merchandise COD

Press (Only if requested)

6. Signature: (Addressee or Agent)
 X 

PS Form 3811, October 1994

Domestic Return Receipt

ed on the reverse side?

Thank you for using Return Receipt Services.



0771

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC _____
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE
 05520 APR 30 99
 FPSC-RECORDS/REPORTING