

991530

Is your RETURN ADDRESS completed on the reverse side?

**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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

991530

4a. Article Number

99-407

Te13  
 Scott Lehman  
 6300 N.E. 1st Avenue, Third Floor  
 Ft. Lauderdale FL 33334-1939

- Certified
- Insured
- Handise  COD

12/20  
Only if requested

6. Signature: (Addressee or Agent)

X *L Holcomb*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- MAS \_\_\_\_\_
- OPC \_\_\_\_\_
- RFR \_\_\_\_\_
- SEC   1
- WAW \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

15889 DEC 30 88

FPSC-RECORDS/REPORTING