

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 990178 4a. Article Number 99-0055

Musick Enterprises, Inc.
 Building 1, Suite 4
 6425 North Pensacola Blvd.
 Pensacola FL 32505-1701

Certified
 Insured
 change COD

[Signature]
 (Only if requested)

[Signature]
 PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE
05328 APR 26 88
 FPSC-RECORDS/REPORTING