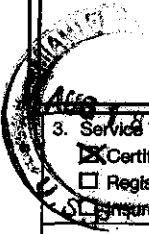


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COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>● Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>● Print your name and address on the reverse so that we can return the card to you.</p> <p>● Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <i>ALW</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>ADWPEC ALW SA</i></p>
<p>1. Article Addressed to: 080374</p> <p>M.T.G. CCS 18277 P. O. Box 025523 Miami FL 33102-5323</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>REC-08-0525-PAA-TI</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7004 1160 0004 5751 3132</p>



DOCUMENT NUMBER-DATE

07669 AUG 25 88

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