

ORIGINAL

1400-5C

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: 990780 4a. Article Number 99-181

Sky Shell Inc.
 2701 West Sunrise Blvd.
 Ft. Lauderdale FL 33311-5733

Certified
 Insured
 or Merchandise COD
 y 7/25
 Address (Only if requested)

ACT COPY

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 Domestic Return Receipt

pleted on the reverse side?

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE
 08804 JUL 26 88
 EPSC-RECORDS/REPORTING