

ACK _____
 AFA _____
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 CAF _____
 CMU _____
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 EAG _____
 LEG _____
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 SEC 1
 W _____
 OTH _____

Thank you for using Return Receipt Service.

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • 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.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Calico Jack's of Florida, Inc.
 100 West Livingston Street
 Orlando FL 32801-1513

4a. Article Number: 96320
 4b. Service Type
 Registered Insured
 Certified COO
 Express Mail Return Receipt for Merchandise

5. Date of Delivery: 125

6. Signature (Agent): [Signature]

7. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 *U.S. GPO: 1991-305-714

DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE
12911 DEC -4 88
 FPSC-RECORDS/REPORTING