

ORIGINAL

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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

981186

4a. Article Number

CFS - 164

The Garlic Crab Corporation
 Michael C. Passas
 1111 State Road 436
 Casselberry FL 32707

- Certified
- Insured
- Merchandise COD

12/12/98
 Date (Only if requested)

[Signature]
 (Print name of agent)

PS Form 3814, December 1994

Domestic Return Receipt

This kit is for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

14043 DEC 14 98

FPSC-RECORDS/REPORTING