

ORIGINAL

1719

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Write your name and address on the reverse of this form so that we can return this form to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Check "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:

981379

4a. Article Number:

98 -

LPT Services, Inc.
 13730 West State Road 84, Suite 290
 Davie FL 33325-5304

- Certified
- Insured
- COD

[Signature] 04.99
 by if requested

5. R

6. Signature (print name)

X *[Signature]*

PS Form 3825, December 1992

Domestic Return Receipt

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 LIN _____
 RPO _____
 RCH _____
 SEC H _____
 WAS _____
 WITH _____

DOCUMENT NUMBER-DATE

00447-11-68

FPSC-RECORDS/REPORTING