

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Haren Violet, mgrOals Unlimited Inc655 W. Fulton Street Ste 8Sanford, FL 32771

2. Article Number (Copy from service label)

7099 3400 0000 2499 5238

PS Form 3811, July 1999

Domestic Return Receipt

FLR000050369**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

5/19/00

C. Signature

XKaren Violet☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ NoOC D-HW-00-0192LBC

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**MAY 18 2000**

HAZARDOUS WASTE

102595-99-M-1789