

**Signed Certified
Letter Card**

1727

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:

4-069-0326AM6-ERP
 LENNAR ACTIVE ADULT COMMUNITIES
 ATTN ROBERT AHRENS
 7600 NOB HILL
 TAMARAC FL 33321

5/12/98

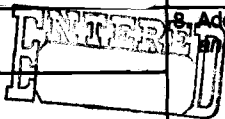
4a. Article Number
D093766202

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise SOD

7. Date of Delivery
4/25/98

5. Received By: (Print Name)



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

6. Signature: (Addressee or Agent)
X *Fela Vito*

Thank you for using Return Receipt Service.