

## Signed Certified Letter Card 1727

## 19451-3

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 card to you.  Attach this form to the front of the mailpiece, or on the back if spermit  Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered.	pace does not	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:  4-069-0357AM-ERP 6/8/99  LENNAR HOMES INC  ATTN ROBERT AHRENS  7600 NOB HILL ROAD  TAMARAC FL 33321	4a. Article N  4b. Service  Register  Express  Return Re  7. Date of D	Type red □ Certified  i Mail □ Insured eccept for Merchandise 7 COD
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811. December 1994	8. Addresse and fee is	ee's Address (Only if requested s paid)  Domestic Beturn Beceint