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910342-TC

SCHEDULE Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
 Put your address in the "RETURNS TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge)
 2. Restricted Delivery (Extra charge)

3. Article Addressed to: ROSSI'S, INC. ATTN: COLLEEN RICHARDS 5919 SOUTH ORANGE BLOSSOM ORLANDO, FL 32809-4605	4. Article Number 78880
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Addressee <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <input checked="" type="checkbox"/>	
7. Date of Delivery MAY 17 1991	

PS Form 3811, Apr. 1989 **DOMESTIC RETURN RECEIPT**

DOCUMENT NUMBER-DATE

05002 MAY 20 1991

EC-RECORDS/REPORTING