

960878-105

Is your RETURN AJ
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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: Mad Hatter Utility, Inc. 1900 Land O' Lakes Blvd., #113 Lutz FL 33549-2913 | | 4a. Article Number <p style="font-size: 2em; text-align: center;">96-0262</p> | |
| | | 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD | |
| | | 7. Date of Delivery | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature: (Addressee or Agent) <p style="font-size: 1.5em;">X <i>[Signature]</i></p> | | | |



Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

- ACK _____
- AFA _____
- ADP _____
- CAF _____
- CMU _____
- CTD _____
- EAG _____
- LAD _____
- PLH _____
- SFC 1
- WAS _____

DOCUMENT NUMBER-DATE
10684 OCT-7 84
 FPSC-RECORDS/REPORTING