

ORIGINAL

Domestic Return Receipt

PS Form 3811, December 1994

Signature: (Address or Agent)
X Susan Johnson

and fee is paid

is (Only if requested)

9-25

Carried
Insured
COD

Rick's Bar and Grill
5921 Snowdrop Way
West Palm Beach FL 33415-4512

97-2227

Article Number

970719

Article Addressed to:

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

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 the card to you.
* Attach this form to the front of the package, or on the back if space does not permit.
* Write "Return Receipt Requested" on the package below the article number.
* The Return Receipt will show to whom the article was delivered and the date delivered.

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

DOCUMENT NO.
665597
12/25/97

1
NAS
111