

ORIGINAL

980524-TC

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **980524**

Savvas Savvidis
9645 Baymeadows Road, #797
Jacksonville FL 32256-7869

4a. Article Number **4E-52B**

4b. Service Type

Certified
 Insured
 COD

7-18-98
(Only if requested)

U.S. POSTAGE

X

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?
Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CI _____
- CT _____
- EAC _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
07653 JUL 21 8
 FPSC-RECORDS/REPORTING