

ORIGINAL

0033

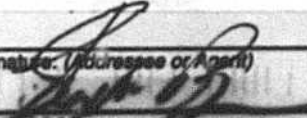
Is your RETURN ADDRESS completed on the reverse side?

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. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 Kimberly Ann Bona
 3145 S.E. Monte Vista Street
 Port St. Lucie FL 34952-6004

4a. Article Number
99-008
 Certified
 Insured
 handise COD
1-7-99
 (Only if requested)

6. Signature (Addressee or Agent)
 X 

and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
00420 JAN 11 8
 FPSC-RECORDS/REPORTING