

ORIGINAL

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: 981413

4a. Article Number 99-0060

Chris J. Corda
 8520 77th Avenue, North
 Seminole FL 33777-4417

4b. Service Type
 Certified
 Insured
 COD
 Merchandise COD

FEB 3 1999
 (Only if requested)

Thank you for using Return Receipt Service.

Signature: _____

PS Form 3811 December 1994

Domestic Return Receipt

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

DOCUMENT NUMBER-DATE

01564 FEB-59

FPSC-RECORDS/REPORTING