

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: 981560
 Robert Quimby
 1305 Medical Park Drive, Route 4
 Atmore AL 36502

4a. Article Number 99-149

- Certified
- Insured
- Merchandise COD

is (Only if requested)

5. Signature: (Addressee or Agent)
 X Richard Jordan

Return to addressee

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

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

DOCUMENT NUMBER-DATE
01999 FEB 16 8
 FRSC-RECORDS/REPORTING