

ORIGINAL

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: 0774 982008 4a. Article Number 990044

Gary R. Dunleavy
 742 Taluga Avenue, SE
 Palm Bay FL 32909-5147

Certified
 Insured
 Merchandise COD

sss (Only if requested)

6. Signature of Addressee or Agent
 X *Gary R. Dunleavy*

PS Form 3811, December 1994 Domestic Return Receipt

Is your ZIP code indicated on the reverse side?

Thank you for using Return Receipt Services.

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE
 05418 APR 28 88
 FPSC-RECORDS/REPORTING