



■ 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.		I also wish to receive the following services (for an extra fee): 1. Addressee's Addres 2. Restricted Delivery	
Central Flor Jay Dennis P 134 North Ha Orlando FL	nt	Certifi Insure	
5. F		ly if requested	
6. Signature: (Addressee of	or Agent)		