## 0455-FOF

| 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. |
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| 3. Article Addressed to: 4a. Article N   | 00-75  |
| Page Patricia Allison 6331 Raleigh Street Hollywood FL 33024-2131  | Certified Insured  |
| PAGE Allison   | Only if requested  |
| 6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994 102595-98-8-0229  | Domestic Return Receipt  |

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