

0632-80F-TC

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 960338

Nichol Laico
1566 Grove Street
Clearwater FL 34615-6031

4a. Article Number 96-0174

4b. Service Type

Registered Insured

Certified Return Receipt for Merchandise

Express Mail

7. Date of Delivery 24

8. Addressee's Address (Only if requested and fee is paid)

Signature (Addressee) Nichol Laico

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1993-362-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE

05880 MAY 28 88

FP56-RECORDS/REPORTING