

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.

is your RETURN AL

Alvin Bradshaw Burke
779 Lynchburg Court, E.
Jacksonville FL 32277-0927

3. Article Addressed to:

960777

4a. Article Number

96-0241

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

8-10

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *Alvin B. Burke*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE

U8485 AUG 14 85

FPSC-RECORDS/REPORTING