

0283

ORIGINAL

Is your BF... noted 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.

3. Article Addressed to: 980051 4a. Article Number 98-0070

Michael D. Moore
 350 Heron's Run Drive, #525
 Sarasota FL 34232-1747

Certified
 Insured
 Merchandise COD
2.1998 PD
 fee (Only if requested)

6. Signature: (Addressee or Agent)
[Signature]

PS Form 3817, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 FIC _____
 I _____

DOCUMENT NUMBER-DATE

0283 | FEB 23 88

FPSC-RECORDS/REPORTING