

ORIGINAL

Is your RETURN ADDRESS 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.

3. Article Addressed to:

980115

4a. Article Number

28-0091

David D. Ambrose, Jr.  
10079 Cara Street  
Spring Hill FL 34608-7118

- Certified
- Insured
- COD

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1/9/88

(Only if requested)

6. Signature: (Addressee or Agent)

*[Handwritten Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- GMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LES \_\_\_\_\_
- LET \_\_\_\_\_
- OF \_\_\_\_\_
- PM \_\_\_\_\_
- WA \_\_\_\_\_
- 11 \_\_\_\_\_

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03/16/88