

ORIGINAL

Supplemental Appendix U-4

Copy of Certified Mail
Return Receipt Cards for Customers

980657
DOCUMENT NUMBER-DATE
09238 AUG 25 88
FBI-RECORDS/REPORTING

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:
 Dep. of Environmental Sv
 Seminole Board of Comm
 PO Drawer Q - Attn Finance
 Sanford, FL 32772-0001

4a. Article Number
 P123 394 031

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 5-13-94

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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:
 Adams, James R
 1250 2nd Ave
 Chuluota, FL 32766-9317

4a. Article Number
 P123 394 036

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 MAY 13 1994

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

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SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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:
 Dixon, Randal P
 1265 2nd Ave
 Chuluota, FL 32766-9325

4a. Article Number
 P123 394 029

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 MAY 13 1994

5. Received By: (Print Name)

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

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

PS Form 3811, December 1994

Domestic Return Receipt

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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.
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- 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:

Citrus Council Girl Scouts
341 N Mills Ave
Orlando, FL 32803-5733

4a. Article Number
P123 394 027

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
5-14-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *D. Santiago*

PS Form 3811, December 1994

Domestic Return Receipt

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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:

Regan, Edward
1297 HWY 419
Chuluota, FL 32766-0000

4a. Article Number
P123 394 025

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
5-14-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *Ed Regan*

PS Form 3811, December 1994

Domestic Return Receipt

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:

Huffman, Elaine G
1275 Second Ave
Chuluota, FL 32766

4a. Article Number
P123 394 024

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
5-30-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *Elaine Huffman*

PS Form 3811, December 1994

Domestic Return Receipt



This form must be completed at the PO and compared against the customer's receipt. Do not furnish this form to customers.

10. For return receipt after mailing ATTACH appropriate fee as shown in Section 932.2 of the DMM.

1. AFTER MAILING: provide name of individual, company, or organization to whom delivered and date of delivery. (Attach appropriate fee as shown in Section 932.2 of the DMM)
 2^a DUPLICATE: provide name of individual, company, or organization to whom delivered and date of delivery.
 2^b DUPLICATE: provide name of individual, company, or organization to whom delivered, date of delivery, and place of delivery.

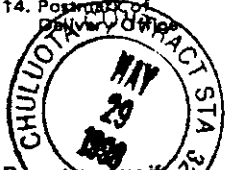
Mailing post office postmark to indicate fee previously paid for item 2.

3. Mailing Date 5/13/98 4. COD No.

5. Registered No. 6. Certified No. P123 394 026 7. Insured No. 8. Express Mail No.

9. Article Addressed To 1485 S SR419
Norma Hedrick Chuluota FL 32766-9513

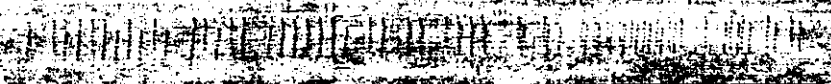
10. To Hedrick
11. Date of Delivery 5-14-98
12. Address (Complete only if requested) 1485 S Chuluota FL 32766
13. Clerk's Initials

14. Postmark of Delivery Office

Do not process if Section 14 above is not completed.

PS Form 3811-A, July 1984

REQUEST FOR RETURN RECEIPT (AFTER MAILING)

This form must be completed at the PO and compared against the customer's receipt. Do not furnish this form to customer.

16. ATTN Sect. 

1. AFTER MAILING: provide name of individual, company, or organization to whom delivered and date of delivery.
 2^a DUPLICATE: provide name of individual, company, or organization to whom delivered, date of delivery, and place of delivery.

Mailing post office postmark to indicate fee previously paid for item 2.

3. Mailing Date 5/13/98 4. COD No.

5. Registered No. 6. Certified No. P123 394 032 7. Insured No. 8. Express Mail No.

9. Article Addressed To 1251 Tropical Avenue
Grady Purvis Chuluota FL 32766-8713

10. To Purvis
11. Date of Delivery 5-14-98
12. Address (Complete only if requested) 1251 Tropical Ave Chuluota, FL 32766
13. Clerk's Initials

14. Postmark of Delivery Office

Do not process if Section 14 above is not completed.

PS Form 3811-A, July 1984

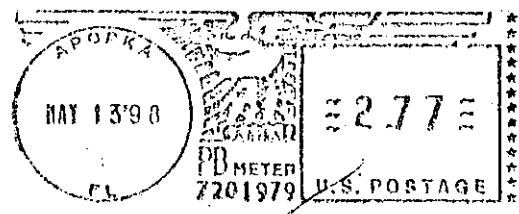
REQUEST FOR RETURN RECEIPT (AFTER MAILING)



Florida Water Services Corporation
P.O. Box 609520 / Orlando, Florida 32813-0520

Fold at line over top of envelope to the right of the return address

CERTIFIED
P 123 394 028
MAIL



1255
5-14
6-4

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Vacant
- No Such Number
- No Mail Recaptacle

Route No. _____ Date _____
Carr/Initials _____

Hancock, Ron
1255 2nd Ave
Chuluota, FL 32766-9325

