

ORIGINAL

1580-SC

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **990781**

SMBR. Inc.
P. O. Box 1075
Thomasville GA 31799

4a. Article Number **99-242**

4b. Service Type

Certified
 Insured
handise COD

9-23-99
(Only if requested)

Signature: (Addressee or Agent)
[Handwritten Signature]

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- PAI _____
- SEC I
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE
11677 SEP 27 88
FPSC-RECORDS/REPORTING