## 2418

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: 991319  K.L. Kinard 9202 Knights Branch Street Temple Terrace FL 336274924	4a. Article N	umber	GG - 400 Certifier Insured erchandise COD siss (Only if requested
6. Signature: (Addressee or Agent)	una 100 13		ss (Only il requested

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