

ORIGINAL

1796

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery <i>10/20</i>
1. Article Addressed to:	C. Signature <i>X Jerome H. Schram</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gerald J. Garey II
 3525 Washington Road
 Valrico FL 33594-3531

001051-TC

P

<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> C.O.D.	
? (Extra Fee)	<input type="checkbox"/> Yes

2. Ar
 PS F

102595-99-M-1789

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

12927 OCT 10 8

FPSC-RECORDS/REPORTING