

D10610-7C ORIGINAL

1755-PAA

Is your return process 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: 10610

Jan Davis  
2117 Lionel Drive  
Melbourne FL 32940-6802

4a. Article Number

4b. Service Type

Certified  
 Insured  
merchandise  COD

9-4-01  
Date (Only if requested)

6. Signature (Addressee or Agent)  
 Stephanie Davis

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC   I
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
11087 SEP-60  
FPSC-COMMISSION CLERK