

910226-TC

ORIGINAL  
FILE COPY

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)  
2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
**Esther Lewis**  
**7208 McKinley Street**  
**Hollywood, FL. 33024-5427**

4. Article Number  
**78794**

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X *[Signature]*

7. Date of Delivery  
*[Signature]*

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

PS Form 3822, Apr. 1989 U.S. G.P.O. 1989-239-918 **DOMESTIC RETURN RECEIPT**

DOCUMENT NUMBER-DATE  
**04684 MAY 13 1991**  
PSC-RECORDS/REPORTING