

ORIGINAL
FILE COPY

910214-TC

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 box(es) 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 Diane Doyle 10115 SW 144th Place Miami, FL. 33186-6906	4. Article Number 78834
5. Signature - Addressee <input checked="" type="checkbox"/> <i>Diane Doyle</i>	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent <input checked="" type="checkbox"/>	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery MAY 15 1991	8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S. POST OFFICE G.P.O. 1989-230-615

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC |
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
 05017 MAY 20 1991
 PSC-RECORDS/REPORTING