

ADK _____
 AFA _____
 AFP _____
 DAF _____
 CMU _____
 CIR _____
 FIG _____
 FSG _____
 FSI _____
 FSO _____
 FSS _____
 FTH _____

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: *96074*

Mark E. Southworth
 1248 N.E. 8th Street
 Ocala FL 34470-6049

4a. Article Number: *36-0148*

4b. Service Type

<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

7. Date of Delivery: *4-4-90*

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993-368-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE
 04259 APR 12 88
 FPSC-RECORDS/REPORTING