

ORIGINAL
FILE COPY

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.

3. Article Addressed to: **88960357**

Kenneth James McNally
1727 Poinsettia Drive
Ft. Lauderdale FL 33305

5. Signature (Addressee) *Kenn McNally*

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number **96-0177**

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery **5/15/96 time**

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

PS Form 3811, December 1991 U.S. GPO: 1995-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

ACK _____
AD _____
AM _____
AN _____
AO _____
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AQ _____
AR _____
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DOCUMENT NUMBER-DATE
05518 MAY 17 96
FPSC-RECORDS/REPORTING