

960

ORIGINAL
FILE COPY

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.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Article Number _____

Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

Date of Delivery _____

Dennis G. Sabia
236 Shadow bay Blvd. S.
Longwood FL 32779-4844

5. Signature (Addressee) _____

6. Signature (Agent) *Dennis G. Sabia*

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

PS Form 3811, December 1991 U.S. GPO: 1993-302-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- ERG _____
- LDG _____
- LYG _____
- QIC _____
- R _____
- TRK _____
- TRM _____
- TRN _____

DOCUMENT NUMBER-DATE
05991 MAY 30 88
 FPSC-RECORDS/REPORTING