

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 delivered.

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

960282

Vicki Lynne Darter
3702 Shell Cove Lane
Orlando FL 32817-1657

4a. Article Number

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery
5-27-96

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

6. Signature (Agent)
Vicki Darter

PS Form 3800, September 1991 U.S. GPO: 1999-585-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE
06062 JUN-3 96
FPSC-RECORDS/REPORTING