

**SENDER:**

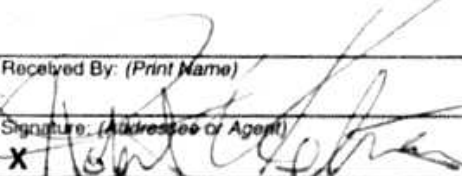
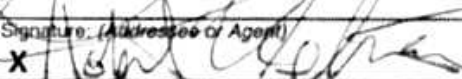
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" 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.

Is your RETURN ADDRESS completed on the reverse side?

<b>3. Article Addressed to:</b> <i>960737</i> Robert E. Keltner 3415 North Tamiami Trail Sarasota FL 34234 3863	<b>4a. Article Number</b> <i>960737</i>
	<b>4b. Service Type</b> <input type="checkbox"/> Registered <input checked="checked" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
	<b>7. Date of Delivery</b> <i>8-15-96</i>
<b>5. Received By: (Print Name)</b> 	<b>8. Addressee's Address (Only if requested and fee is paid)</b>
<b>6. Signature: (Addressee or Agent)</b> <input checked="checked" type="checkbox"/> 	

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994

Domestic Return Receipt

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