

PS Form 3817, December 1991 U.S. GPO: 1993-282-714	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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: <u>960160</u> Harold D. Schreiber 285 Jackson Avenue Satellite Beach FL 32937-2925		4a. Article Number <u>96-0149</u> 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	
5. Signature (Addressee) <i>Harold D. Schreiber</i>		7. Date of Delivery APR 10 1996		Thank you for using Return Receipt Service.
6. Signature (Agent)		8. Addressee's Address (Only if requested and fee is paid)		

DOCUMENT NUMBER - DATE

09591 SEP 10 88

FPSC-REGORDS/REPORTING