

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.

3. Article Addressed to: 960156

Good Samaritan Inn
3302 North Florida Avenue
Tampa FL 33603-5851

4a. Article Number 96-0150

- 4b. Service Type
- Registered Insured
 - Certified COD
 - Express Mail Return Receipt for Merchandise

7. Date of Delivery 4-3-96 JD

E. Signature (Addressee)

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

6. Signature (Agent) Irene Hadberg

PS Form 3811, December 1991 U.S. EPO: 1989-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE

09592 SEP 10 88

FPSC-RECORDS/REPORTING