

ORIGINAL
FILE COPY

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):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to: 96027
 Gary Lee Everhart
 5012 North Branch Avenue
 Tampa FL 33603-2116

4a. Article Number 95282

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

7. Date of Delivery 9/27/96

5. Received By: (Print Name)

6. [Redacted]

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

PS [Redacted] Receipt

Is your RETURN ADDRESS completed on the reverse side?
 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
 10511 OCT-1 96
 FPSC-RECORDS/REPORTING