

960947

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMJ 1 _____
 CTR _____
 EAG _____
 LEG 1 _____
 LIA _____
 OPL _____
 RCH _____
 SEC 1 _____
 WAS _____
 OTH _____

Is your RETURN ADDRESS completed on the reverse side?

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.

3. Article Addressed to: 960947

4a. Article Number 96-026A

Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 Date of Delivery 11-1-96

Roberta & John (Jack) Roche
 412 Kevilo Blvd.
 Daytona Beach FL 32115-4606

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

DOCUMENT NUMBER-DATE

11791 NOV-4 96

FPSC-RECORDS/REPORTING