

ORIGINAL
FILE COPY

- ACK _____
- AT A _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC _____
- WAS _____
- OTH _____

✓
961017-FC

Thank you for using Return Receipt Service.

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.

1. Addressee's Address

2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number
96-0312

4b. Service Type Insured

Registered COD

Certified Return Receipt for Merchandise

Express Mail Merchandise

5. Signature (Addressee)
Steve Bessey

6. Signature (Agent)

7. Date of Delivery
11-23-96

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

PS Form 3811, December 1991 9515 OPD 1993-352-714

DOMESTIC RETURN RECEIPT

In your RETURN ADDRESS completed on the reverse side?

DOCUMENT NUMBER-DATE
12605 NOV 25 96
 FPSC-RECORDS/REPORTING