

ORIGINAL
FILE COPY

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 before the article number.
- The Return Receipt will show to whom the article was delivered and the date.

I also wish to receive the following services (for an extra fee):

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

1a. Article Number **96-**

Martin, CLU
267th Lane
FL 33031-2028

961158-7C

1b. Service Type

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery **12/12/96**

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

5. Signature (Addressee)
[Handwritten Signature]

Is your RETURN

PS Form 3811, December 1991 4US GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

- CK _____
- FA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NO.
1324476
12/12/96