

ORIGINAL
COPY

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIR _____
OPC _____
ROF _____
SEC 1
WAS _____
OTH _____

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 package, or on the back if space does not permit.
- Write "Return Receipt Requested" on the package below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 961250

4a. Article Number 1-9-97 - copy

P. Rieth
49th Street, N.
11m Beach FL 33411

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

Date of Delivery 1-9-97

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

Peter A. Rieth
6. Signature (Agent)

PS Form 3811, December 1991 ©U.S. GPO 1993-333-714

DOMESTIC RETURN RECEIPT

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

is your RETURN

DOCUMENT NUMBER-DATE
00376 JAN 13 95
FPSC-RECORDS/REPORTING