

ORIGINAL
FILE COPY

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 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.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: L. Christopher & Elaine Jose 1527 Dewey Street Hollywood FL 33020-6138		4a. Article Number 970217	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		7. Date of Delivery 3-31-97	
5. Received By: (Print Name) Elaine Jose		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X <i>Elaine Jose</i>		Domestic Return Receipt	

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIN _____
OPC _____
RCH _____
SEC _____
WAS _____
OTH _____

DOCUMENT NO.
0355297
4/9/97