

Is your RETURN ADDRESS completed on the reverse side?

<p>SENDER:</p> <ul style="list-style-type: none"> • 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 envelope, or on the back if space does not permit. • Write "Return Receipt Requested" on the envelope below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Matthew May 1402 East Las Olas Blvd., #142 Ft. Lauderdale FL 33301-2391</p> <p>970284</p>		<p>4a. Article Number:</p> <p>97-0084</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>		<p>5. Addresser's Address (Only if requested and fee is paid)</p>	
<p>6. Received By: (Print Name)</p>		<p>7. Date of Delivery</p>	
<p>8. Signature: (Addresser or Agent)</p> <p>X <i>K. Hilde</i></p>		<p>Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
04313 APR 29 6
FPSC-RECORDS/REPORTING