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Thank you for using Return Receipt Service.

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 mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requester" 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:
 970638
 McGrail & Rowley, Inc.
 328 Simonton Street
 Key West FL 33040-6869

4. Article Number: 97-0134

5. Service type:
 Certified
 Insured
 COD
 Delivery Receipt for Merchandise

6. Addressee's Address (Only if requested and fee is paid):
 SANDFORD M. BINDSEY
 Signature: (Address or name)
 Sandford M. Bindsey

PS Form 3811, December 1994

Domestic Return Receipt

DOCUMENT NO.
06974-77
07/11/97