

ORIGINAL  
FILE COPY

Completed on the reverse side

**SENDER:**

Complete items 1 and 2 for additional services.  
Complete items 3, 4, and 5.  
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.  
Return "Return Receipt Requestor" 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.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Florida Post Office

970341

4a. Article Number

4b. Service Type

92-0142

Doretta L. Miller  
415 North Washington Avenue  
Clearwater FL 34615-4630

RECEIVED

Merchandise  Insured  COD

Certified

JUL 17 1976

DLES CALDWELL  
MAIL CENTER

Domestic Return Receipt

is you  
X  
Doretta L. Miller  
PS Form 3811, December 1994

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  
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REC'D-RECORDS/REPORTING