

010483-TC

ORIGINAL

1562-PAA

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	
	<input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: 10483		

Erik Lamar Washington  
6341 Boylston Way  
Orlando FL 32818-1709

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

APP  
 CAF  
 CMP  
 COM  
 CTR  
 ECR  
 LEG  
 OPC  
 PAI  
 RGO  
 SEC  
 SER  
 OTH

DOCUMENT NUMBER-DATE  
 09960 AUG 15 85  
 FPSC-COMMISSION CLERK