

ORIGINAL

1656-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
1. Article Addressed to: 010524	C. Signature X <u>Stanley Laird</u>	
Stanley F. Laird 7732 Leo Kidd Avenue Port Richey FL 34668-6653	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label)	<div style="text-align: center;"> <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input checked="" type="checkbox"/> C.O.D.            ? (Extra Fee) <input type="checkbox"/> Yes         </div>	

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- OMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC   I
- VER \_\_\_\_\_
- TH \_\_\_\_\_

DOCUMENT NUMBER-DATE

10233 AUG 20 5

FPSC-COMMISSION CLERK