

ORIGINAL

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 060465

Ignazio M. Digerlando & Jerry L. Williams
532 Matilda Place
Longwood, FL 32750-3301

PSC-06-0614-PAA-TC

2. Article Number
(Transfer from service label)

7004 1160 0004 5751 3736

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) M. Digerlando B. Date of Delivery 7-22-89

C. Signature [Signature] Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE
06478 JUL 24 89
 FPSC-COMMISSION CLERK