

930944

Read on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 Requested" on the mailpiece 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:

Shady Oaks Mobile-Modular Estates
 38616 Shady Oaks Dr.
 Zephyrhills FL 33540-6526

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number
94-0060

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery
8-16-94

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN A

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC / _____
- WAS _____
- OTH _____

Order PSC-94-0976-50F-W-5

DOCUMENT NUMBER-DATE

08470 AUG 19 94

FPSC-RECORDS/REPORTING