

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 it 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:

9600-48
96004

4a. Article Number

96-0123

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

3-2-96

James D. Martone
310 S.E. 12th Street
Pompano Beach FL 33060-9219

5. Signature (Addressee)

James Martone

6. Signature (Agent)

PS Form 3811, December 1991

U.S. GPO: 1993-382-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEQ _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WFO _____
- OTR _____

DOCUMENT NUMBER-DATE
02645 MAR-5 96
FPSC-RECORDS/REPORTING