

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
 CTR \_\_\_\_\_  
 EAG \_\_\_\_\_  
 LEG \_\_\_\_\_  
 LIN \_\_\_\_\_  
 OFC \_\_\_\_\_  
 RCH \_\_\_\_\_  
 SEC / \_\_\_\_\_  
 WAS \_\_\_\_\_  
 Q714 \_\_\_\_\_

Is your RETURN ADDRESS completed 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 960096

William J. Leahy  
 1817 Ormond Road  
 Jacksonville FL 32225-4439

4a. Article Number 96-0132

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COO
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery 3-26-96

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

5. Signature (Addressee) \_\_\_\_\_

6. Signature (Agent) William J. Leahy

PS Form 3811, December 1991 U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE

03557 MAR 25 88

FPSC-RECORDS/REPORTING