

ACF
AFZ
AFI
CAF
CNP
CT
EM
EN
LRI
LPC
RCA
SEC
WA
QIR

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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 960252

James Hall
18306 Swan Lake Drive
Lutz FL 33549-5803

4a. Article Number 96-0141

4b. Service Type

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

5. Date of Delivery 4 APR 96

6. Signature (Addressee) James Hall

7. Signature (Agent)

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE
04053 APR-88
FPSC-RECORDS/REPORTING