

0684-FDF-TC

ORIGINAL
FILE COPY

460491

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.

1. Article Number

2. Service Type

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Date of Delivery
 5-28-96

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

4. Signature (Agent)

Stephen T. Popper
 5051 Castello Drive, #200
 Naples FL 33940-2988

PS Form 3811, December 1991 U.S. GPO: 1993-252-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

- ACK _____
- AMA _____
- APP _____
- CAF _____
- CMJ _____
- CTR _____
- EAG _____
- LEG _____
- LIR _____
- OFI _____
- RFI _____
- WFO _____
- WFO _____

DOCUMENT NUMBER-DATE
 05989 MAY 30 88
 FPSC-RECORDS/REPORTING