

ORIGINAL
FILE COPY

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: **960449**
Thomas Stuter
7429 Secret Woods Trail
Jacksonville FL 32216-7127

4a. Article Number: **96-0197**

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery: **5-22-96**

5. Signature (Addressee): *Thomas Stuter*

6. Signature (Agent):

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

PS Form 3811, December 1991 U.S. GPO: 1999-362-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIN _____
OPC _____
RPT _____
SEC 1 _____
WPS _____
OTH _____

DOCUMENT NUMBER-DATE
05992 MAY 30 96
FPSC-RECORDS/REPORTING