

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):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

1. Article Number 960514 96

2. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Date of Delivery
5-29-96

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

3. Addressee's Name and Address
Diane Lynn Forbes Khalil
1717 Followthru Ave.
Tampa FL 33612-5013

4. Signature (Agent)
Diane Lynn Forbes Khalil

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

Thank you for using Return Receipt Service.

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIT _____
ORC _____
RCR _____
SEC 1 _____
WAS _____
OTH _____

DOCUMENT NUMBER-DATE
06061 JUN-3 96
FPSC-RECORDS/REPORTING