

ORIGINAL
FILE COPY

Printed 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 fees.

3. Article Addressed to: **960204**

4a. Article Number: **96-0163**

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

5. Signature (Addressee): **X J. Oliver**

6. Signature (Agent):

7. Date of Delivery: **6-1-96**

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

2107

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

Thank you for using Return Receipt Service.

Is your RETURN ADD

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
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 FPSC-RECORDS/REPORTING