

961098

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Thank you for using Return Receipt Service.

<p>SENDER:</p> <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, 4a, and 4b. • 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. • This Return Receipt will show to whom the article was delivered and the date delivered. 	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>	<p>4a. Article Number 96-0274</p> <p>4b. Service Type</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery 11-14-96</p>
<p>3. Article Addressed to:</p> <p>961098</p> <p>Heritage Health Corporation 1600 West Eau Gallie Blvd., #201 Melbourne FL 32935-4149</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>	<p>5. Received By: (Print Name) Cathy Bend</p> <p>6. Signature: (Addressee or Agent) X</p>

PS Form 3811, December 1994

DOCUMENT NUMBER-DATE
12253 NOV 18 96
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