

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
 CTR \_\_\_\_\_  
 EAG \_\_\_\_\_  
 LEI \_\_\_\_\_  
 LIT \_\_\_\_\_  
 OFC \_\_\_\_\_  
 RCH \_\_\_\_\_  
 SEC \_\_\_\_\_  
 WAS \_\_\_\_\_  
 OTH \_\_\_\_\_

Is your RETURN ADDRESS completed on the reverse side?  
 PS Form 3811, December 1991 \*U.S. GPO: 1991-352-714

1.  Addresser's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 William E. Ciccocanti  
 7501 Cypress Knee Drive  
 Hudson FL 34667-1401  
 961122

4a. Article Number: 96406  
 4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

5. Date of Delivery: \_\_\_\_\_  
 6. Addressee's Address (Only if requested and fee is paid): \_\_\_\_\_  
 Signature: \_\_\_\_\_

I also wish to receive the following services (for an extra fee):  
 1.  Addresser's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

SENDER:  
 • Complete items 1 and/or 2 for additional services.  
 • Complete items 3, 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.

Thank you for using Return Receipt Service.

HUDSON FL 34667  
 USPS

DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE

13169 DEC 11 88

FPSC-RECORDS/REPORTING