

ORIGINAL DOCUMENT FILE COPY

DOCUMENT NO.
1348596
12/19/96

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:
961336

Glenn Frith
Route 1, Box 3076
Madison FL 32340-9426

4a. Article Number

4b. Service Type

Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
12-20-96

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

5. Signature (Addressee)
Glenn Frith

6. Signature (Agent)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1991 wU.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.