

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 package, or on the back if space does not permit.
- Write "Return Receipt Requested" on the package below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Gary A. Dove
3229 San Bernardino Street
Clearwater FL 34619-3520

961489



8. Signature (Required)

Gary A. Dove

PS Form 3811, December 1991 425-990-58-714

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

4a. Article Number

97-0079

4b. Service Type

- Registered
- Certified
- Insured
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

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

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OP _____
- RCH _____
- SE _____
- WAS _____
- OTH _____

DOCUMENT NO.
01107-97
01/29/97

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