

Unclassified
FILE COPY

02/17/94
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Completed on the reverse side?

SENDER:

- 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.
- 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 fee.

3. Article Addressed to: 47006

John H. Powell
P. O. Box 183
Titusville FL 32781-0183

4a. Article Number 67-0042

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print name)

6. Signature: (Addressee or Agent)

X John H. Powell

TITUSVILLE FL
FEB 17 1994

Is your RETURN A

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

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