

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, 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:

Gerald Edward Orth
8090 3rd Street
Navarre FL 32566

970063

4a. Article Number

97-004

4b. Service Type

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

7. Date of Delivery

2-15-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS/FM 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAC _____
- LEF _____
- LIF _____
- OM _____
- RCH _____
- SEC /
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

01840 FEB 1997

FPSC-RECORDS/REPORTING