

ORIGINAL
FILE COPY

970035

Leah Irene Christensen
6251 N.W. County Road 345
Chiefland FL 32626

4 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 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:

970035

4a. Article Number

97

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

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

Scale Type

- Registered Certified
- Insured
- Signature Receipt for Merchandise COD
- of Delivery

2/24/97

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

Is your **RET**

6. Signature (Addressee or Agent)

Leah Christensen

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

100K
 50K
 25K
 10K
 5K
 1K
 500
 250
 100
 50
 25
 10
 5
 1

02/13/97
4/25/97