

ORIGINAL FILE COPY

is your RETURN

**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.

3. Article Addressed to: 07040

4a. Article Number 47-00

4b. Service Type

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

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

[Signature]

7. Date of Delivery 2/21/97

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

Mack M. Vines  
3200 34th Street, South  
St. Petersburg FL 33711-3829

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

Domestic Return Receipt

PS Form 3811, December 1994

DOCUMENT NUMBER 02303 MAR-4 86 FPSC-RECORDS/REPORTING