

RCR \_\_\_\_\_  
 AFA \_\_\_\_\_  
 App \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
 CTR \_\_\_\_\_  
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 OPC \_\_\_\_\_  
 RCH \_\_\_\_\_  
 SEC \_\_\_\_\_  
 WAS \_\_\_\_\_  
 YTH \_\_\_\_\_

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> • 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery  Consult postmaster for fee.	
	3. Article Addressed to  Kevin Dalpiaz 8812 Riverlachen Way Riverview FL 33569-4971		4a. Article Number 97-00570	
	5. Rt		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	6. Signature (Addressee or Agent) X Betty Bennett		7. Date of Delivery 2-23-97	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)		

Thank you for using Return Receipt Service.

Domestic Return Receipt

DOCUMENT NUMBER 017E  
 U2304 MAR-4 5  
 PISC-RECORDS/REPORTING

COPY