

ORIGINAL
FILE COPY

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

a. Complete items 1 and/or 2 for additional services
b. Complete items 3, 4a, and 4b
c. Print your name and address on the reverse of this form so that we can return this card to you
d. Attach this form to the front of the mailpiece, or on the back if space does not permit
e. Write "Return Receipt Requested" on the mailpiece below the article number
f. 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:

961141-45

4a. Article Number:

920068

A. P. Utilities, Inc.
Philip Woods
3925 S.E. 45th Court, Suite E
Ocala Fl 34490-7431

4b. Service Type

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

7. Date of Delivery

5/25/97

5. Received By: (Print Name)

[Signature]

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

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NO
63008-97
03/21/97

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC
- WAS _____
- OTH _____