

ORIGINAL
COPY

PS Form 3811, December 1994

REQUIREMENTS:
 a. Complete items 1 and/or 2 for address services.
 b. Complete items 3, 4, and 6.
 c. Print your name and address on the reverse of the form so that we can return the card to you.
 d. Attach this form to the front of the package, or on the back if space does not permit.
 e. Print "Return Receipt Requested" on the package before the article number.
 f. The Return Receipt will show to whom the article was delivered and the date.

1 I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

2 Article Number
970895-70

3 Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

4 Date of Delivery
07/21/94

5 Addressee's Address (Only if restricted and fee is paid)
SA 0110

6 Received By (Print Name)
[Signature]

7 Signature
[Signature]

8 Address of Agent
[Signature]

9 Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE

06701 JUL-25

POST OFFICE BOX 111111