

ACK _____
 AFA _____
 AFP _____
 CAF _____
 CMT _____
 CIR _____
 EAG _____
 LEG _____
 LIT _____
 OFO _____
 RCH _____
 SEC 1 _____
 WAS _____
 OTH _____

Thank you for using Return Receipt Service.

RECIPIENT:
 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 the 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.

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

4a. Article Number

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery 12/20

5. Received by (Print Name) Jim
 6. Addressee's Address (Only if requested and fee is paid)
 6. Signature (Addressee or Agent) [Signature]

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 Gerald Higgins
 1441 S.W. Powellite Road
 Fort Walton Beach FL 32548-6313

PS Form 3811, December 1994 Domestic Return Receipt

DOCUMENT NUMBER - DATE
 06789 ML-35