

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 EGG _____
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 GPO _____
 HAW _____
 OTH _____

4 on the reverse side?

RECIPIENT:
 a Complete items 1 and/or 2 for address 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 before the article number.
 f The Return Receipt will show to whom the article was delivered and the date delivered.

3 Article Addressed to: **4a Article Number**

ELIZABETH HERBESLEY
 1900 SIXTH STREET EAST
 CLEARWATER FL 34624-0643

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Certified
 Insured
 OOD
 Merchandise **7277**
 fee (Only if requested)

6 Signature (Required on Army, Navy, Air Force, Marine, Coast Guard, and Merchant Marine Mail)
X ELIZABETH HERBESLEY

PS Form 3826, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NO.
 0181597
 7-7-77