

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 AFP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
 CTR \_\_\_\_\_  
 EAD \_\_\_\_\_  
 LEJ \_\_\_\_\_  
 LIT \_\_\_\_\_  
 OIK \_\_\_\_\_  
 RSH \_\_\_\_\_  
 SLD \_\_\_\_\_  
 WAT \_\_\_\_\_  
 OTH \_\_\_\_\_

Read on the reverse side?

**REMARKS:**  
 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 the card to you  
 d Attach this form to the front of the mailbox, or on the back if space does not permit  
 e Print "Return Receipt Requested" on the mailbox before 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: 990567 4a Article Number: 472125

Watshall Carpenter  
 6003 Choudhury-Kates Court  
 West Falls Beach FL 33411

Invoice Type:  Certified  Insured  
 Registered Mail  COD  
 Receipt for Merchandise  Delivery



6 Signature (Addressee or Agent):  
 X *Watshall Carpenter*  
 PS Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service

DOMESTIC RETURN RECEIPT  
 16862 JUL-87