

ACK _____
AFA _____
APP _____
CAF _____
CMI _____
CTF _____
CFL _____
CPL _____
CPS _____
CPT _____
CPC _____
CPE _____
CPI _____
CPO _____
CPS _____
CPT _____
CPC _____
CPE _____
CPI _____
CPO _____

SEND TO:
 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 mailpiece, or on the back if space does not permit.
 e Print "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.

1. The return address:

4a Article Number **71237**

4b Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7 Date of Delivery **7-1-97**

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

5 Received By: (Print Name)

6 Signature (Address or Agent)
 X *Robert Gillie*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE
06866 JUL-96