

ORIGINAL  
FILE COPY

ACK \_\_\_\_\_  
AFA \_\_\_\_\_  
APP \_\_\_\_\_  
CAF \_\_\_\_\_  
CMU \_\_\_\_\_  
CTR \_\_\_\_\_  
EAG \_\_\_\_\_  
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OPC \_\_\_\_\_  
RCH \_\_\_\_\_  
SEC    \_\_\_\_\_  
WAS \_\_\_\_\_  
OTH \_\_\_\_\_

Thank you for using Return Receipt Service.

**SENDER:**  
 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 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 below the article number.  
 f) The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 99074  
 James R. Sullivan  
 P. O. Box 993  
 Eastpoint FL 32328-0993

4a. Article Number 97-0157

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

7. Date of Delivery 7/23/97

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

5. Received By: (Print Name)  
 \_\_\_\_\_

6. Signature: (Addressee or Agent)  
 \_\_\_\_\_  
 X

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

I also wish to receive the following services (for an extra fee):

Domestic Return Receipt

PS Form 3811, December 1994

Is your RETURN ADDRESS completed on the reverse side?

DOCUMENT NUMBER-DATE  
07512 JUL 25 97  
FPSC-RECORDS/REPORTING