

ORIGINAL
FILE COPY

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

Thank you for using Return Receipt Service.

SENDER:
 *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 this card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requested" on the mailpiece below the article number.
 *The Return Receipt will show to whom the article was delivered and the date delivered.

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

3. Article Addressed to:
 970732
 Peter Dean Hoo
 6597 Schooner Terrace
 Margate FL 33063-8327

4a. Article Number 97-0162

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

7. Date of Delivery 7-26-97

5. Received By: (Print Name)
 X Peter Hoo

6. Signature: (Addressed or Agent)
Peter Hoo

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

Domestic Return Receipt

PS Form 3811, December 1994

Is your RETURN ADDED to the reverse side?

DOCUMENT NUMBER-DATE
07644 JUL 29 5
 FPSC-RECORDS/REPORTING