

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPG \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC   T
- WAS \_\_\_\_\_
- YTH \_\_\_\_\_

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.  
 \*This Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 9707877C  
 4a. Article Number 970149  
 b. Service Type  
 Registered  
 Certified  
 Express Mail  
 Insured  
 Return Receipt for Merchandise  
 COD  
 7. Date of Delivery 7/24

John S. Howe and Deborah Dykes-Howe  
 2525 N.W. 21st Avenue  
 Gainesville FL 32605-3814

5. Received By: (Print Name)  
 6. Signature: (Agent) [Signature]  
 X

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

Domestic Return Receipt  
 PS Form 3811, December 1994

Is your RETURN AD...  
 listed on the reverse side?

DOCUMENT NO.  
22104/99