

FILE COPY

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

Thank you for using Return Receipt Service.

<p>SENDER:</p> <ul style="list-style-type: none"> • 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. 	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>	<p>4a. Article Number 97-0152</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery</p>
<p>3. Article Addressed to:</p> <p>970678</p> <p>Peter Nick Szabo 14410 65th May North Palm Beach Gardens FL 33418-7215</p>	<p>5. Received By: (Print Name)</p> <p><i>Peter Nick Szabo</i></p> <p>6. Signature: (Addressee or Agent)</p> <p><i>Peter Nick Szabo</i></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>PS Form 3811, December 1988</p>		<p>Domestic Return Receipt</p>

DOCUMENT NUMBER-DATE
08106 AUG 11 85
 FPSC-RECORDS/REPORTING