

ORIGINAL
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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete item 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 multiple, or on the back if space does not permit.
- Write "Return Receipt Requested" on the multiple 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: 97135
Verlon E. Samuel
8635 Fowler Avenue
Pensacola FL 32534-1839

4a. Article Number 57-0164

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

5. Received By: (Print Name)
Verlon E. Samuel

6. Signature: (Address for Agent)
Verlon E. Samuel

7. Date of Delivery
NOV 11 1994

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

Thank you for using Return Receipt Service.

Domestic Return Receipt
PS Form 3811, December 1994

DOCUMENT NO.
66-63180
11/11/94