FILE COPY

08492-99
08/21/99

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.

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

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 97-0817

4a. Article Number 97-0175

Victor Owens
6320 Cheryl Street
Orlando FL 32819-7512

☒ Certified
☐ Insured
Merchandise ☐ COD

...ss (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X Victor Owens

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS ...ted on the reverse side?

Thank you for using Return Receipt Service.

ACK
AFA
APP
LIN
OPC
RCH
SEC
WA