

ORIGINAL
FILE COPY

Is your RETURN sent on the reverse side?	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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: 960811 Health Liability Management Corporation 13738 Oxbow Road Ft. Myers FL 33905-1814	4a. Article Number 97-0152 Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Restricted Delivery <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Receipt for Merchandise <input type="checkbox"/> COD Delivery 8/18/97	Thank you for using Return Receipt Service.
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X <i>[Signature]</i>	8. Addressee's Address (Only if requested and fee is paid)		
PS Form 3811, December 1994		Domestic Return Receipt	

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- ROH _____
- SEL 1
- WAS _____
- OTH _____

DOCUMENT NO.
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8-25-97