

ORIGINAL

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 SEP 1 _____
 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 the card to you.
 *Attach this form to the front of the mailpiece, or on the back if space does not permit.
 *Write "Return Receipt Requester" on the mailpiece 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: 97613
 Edward Dean Gayer
 8515 Goldaneye Lane
 Jacksonville FL 32217-4758

4a. Article Number 97-0103
 4b. Customs Form

5. Certified
 Insured
 COD
 (only if requested)

6. Signature: (Addressee or Agent)
X Edward D Gayer

PS Form 3811, December 1994

FLORIDA MAIL SERVICE
 SEP 22 1994
 JACKSONVILLE, FL

Domestic Return Receipt

DOCUMENT NUMBER-DATE

09614 SEP 22 94

FPSC-RECORDS/REPORTING