

ORIGINAL

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- ROU _____
- SLV /
- WAS _____
- OTH _____

Thank you for using Return Receipt Service.

SENDER:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Place 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 Requested" on the mailpiece below the article number.
 *This Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 970910 4a. Article Number 97-025

Jerry E. Wicky, Jr.
 221 Lafayette Blvd.
 Oldsmar FL 34677-3754

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Certified
 Insured
 COD
977.97
 fee (Only if requested)

6. Signature: (Address of Agent)
 X Jerry E. Wicky

PS Form 3811, December 1984

Domestic Return Receipt

DOCUMENT NUMBER-DATE
 09615 SEP 22 6
 FPSC-RECORDS/REPORTING