

ORIGINAL

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. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 970911

4a. Article Number 97-0204

GEMTEL
P. O. Box 644
Niceville FL 32578-0644



Certified
 Insured
 COD

for Merchandise

address (Only if requested)

is your BE?

6. Signature (Addressee or Agent)

(Signature)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

10091 OCT-25

SC-RECORDS/REPORTING