

ORIGINAL

stated 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:

97091971145

4a. Article Number

97-0251

Service Type

- Registered
- Certified
- Insured
- Receipt for Merchandise
- COD
- Delivery

iam L. Harkrader
N.E. 121st Street
Cayne Park FL 33161-5439

Addressee's Address (Only if requested is paid)

is your

6. Signature: (Addresser or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LRG _____
- OPC _____
- RCH _____
- SFU 1
- WAS _____
- OTH _____

DOCUMENT NUMBER - DATE
10498 OCT 13 5
FPSC-RECORDS/REPORTING