

DOSD

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 971375 4a. Article Number 98 -

Michael McClarrie
1931 Kitty Street
Jacksonville FL 32246-8770

Certified
 Insured
Merchandise COD

1-12
days (Only if requested)

6. Signature: (Addressee or Agent)
X Charles DeLatorre

PS Form 3811, December 1994 Domestic Return Receipt

Printed on the reverse side?

Is your RE

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIT _____
- SEC H _____
- WAS _____
- OTH _____

DOCUMENT NO.
~~00700-98~~
1-15-98