

ORIGINAL
FILE COPY

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for address 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:

Gerald Edward Orth
8090 3rd Street
Navarre FL 32566

4-70063

4a. Article Number

47-024

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

2-15-91

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ACK _____

AEA _____

ADP _____

CAF _____

CCM _____

CCO _____

CCS _____

CCU _____

CCV _____

CCW _____

CCX _____

CCY _____

CCZ _____

CCAA _____

CCAB _____

CCAC _____

CCAD _____

CCAE _____

CCAF _____

CCAG _____

CCAH _____

CCAI _____

CCAJ _____

CCAK _____

CCAL _____

CCAM _____

CCAN _____

CCAO _____

CCAP _____

CCAQ _____

CCAR _____

CCAS _____

CCAT _____

CCAU _____

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DOCUMENT NUMBER DATE

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