ORIGINAL

043

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: 980169

4a. Article Number 98 7610B

Walt's Bar-B-Que, Inc.
110 Highway 19, S.
Palatka FL 32177-3935

☒ Certified
☐ Insured
☐ COD

3 30

ess (Only if requested

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RA

ACK ____
AFA ____
APP ____
CAF ____
CMU ____
CTR ____
EAG ____
LEG ____
LIT ____
OPC ____
RCH ____
SEC ____
WAS ____
OTH ____

DOCUMENT NUMBER-DATE
03830