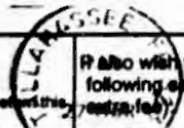


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Printed on the reverse side?

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.



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: 980170

4a. Article Number 98-00116

William E. Arthrell
81 Parkview Dr.
Palm Coast FL 32137-7578



- Certified
- Insured

for Merchandise COD

Address (Only if requested)

Is your E

6. Signature (Addressee or Agent)
x [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- ADP _____
- CAF _____
- CMU _____
- CLP _____
- ELP _____
- FLP _____
- GLP _____
- ILP _____
- MLP _____
- NLP _____
- OLP _____
- PLP _____
- SLP _____
- TLP _____

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