

ORIGINAL

0614

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.

950365

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

95 0022-B

Certified
 Insured
 Merchandise COD

Neil Carlisle
 582 La Jardin Street
 Edgewater FL 32141-7609

5. Received By: (Print Name)
 NEIL CARLISLE

6. Signature: (Addressee or Agent)
 X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1984

Is your RETURN address on the reverse side?

Thank you for using Return Receipt Service.

Domestic Return Receipt

- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER DATE
 05306 MAY 12 88
 RECEIVING