

0727

INSTRUCTIONS:
 • 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: Thomas C. Olsen
 6751 77th Terrace North
 Pinellas Park FL 33281-3007

4a. Article Number 98-0035-B

Certified
 Insured
 COD
 (Only if requested)

5. Signature (Addressee or Agent) Beth Hartsock and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

RETURN ADDRESS Completed on the reverse side.

Thank you for using Return Receipt Services.

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

DOCUMENT NUMBER-DATE

05949 JUN-28

FPSC-RECORDS/REPORTING