

ORIGINAL

980660-TC

| | | | | |
|---|---|---|--|--|
| Is your RETURN ADDRESS completed on the reverse side? | SENDER: | | I also wish to receive the following services (for an extra fee): | |
| | <ul style="list-style-type: none"> • 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. | | <ul style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| | | | Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | | |
| <p style="text-align: center;"><i>980660</i></p> <p>Robert M. Hughes P. O. Box 1412 Riverview FL 33569-1412</p> | | <p style="text-align: center;"><i>98-5013</i></p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD</p> <p style="text-align: center;"><i>7-22-98</i> if requested</p> | | |
| 5. Rt | | | | |
| 6. Signature: (Addressee or Agent) | | | | |
| <i>X [Signature]</i> | | | | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | | |

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE
07837 JUL 24 8
 FPSC-RECORDS/REPORTING