

ORIGINAL

1549

**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 service (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to: OR 155 4a. Article Number 98-1366

Robert Helft  
 5353 Ascot Bend  
 Boca Raton FL 33496-1606

Certified  
 Insured  
 COD  
11.2598  
 fees (Only if requested)

6. Signature: (Addressee or Agent)  
 X [Signature] and fee is paid

PS Form 3871, December 1994 Domestic Return Receipt

is your [REDACTED] on the reverse side?

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RC.H \_\_\_\_\_
- SEC 1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
13358 NOV 30 88

POSTNET