

ORIGINAL

**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 the 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: 981133  
 Richard P. Wasilewski  
 1520 Chateauwood Drive  
 Clearwater FL 33704-2712

4a. Article Number 98-43B

Certified  
 Insured  
 COD

5. Received by: \_\_\_\_\_ and fee is paid/only if requested

6. Signature (Addressee or Agent)  
*X Richard Wasilewski*

PS Form 3811, December 1994 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LR: \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER DATE  
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 REPORTING