

ORIGINAL

1679

<p>INSTRUCTIONS:</p> <p>• Complete items 1 and 2 for additional services.</p> <p>• Complete items 3, 4a, and 4b.</p> <p>• Put your name and address on the reverse of this form so that we can return this card to you.</p> <p>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p>• Write "Return Receipt Requested" on the mailpiece below the article number.</p> <p>• The Return Receipt will show to whom the article was delivered and the date delivered.</p>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p style="text-align: center; font-size: 1.5em;">981209</p> <p>Kathy L. Stephens P. O. Box 632 Havana FL 32333-0632</p>		<p>4a. Article Number</p> <p style="text-align: center; font-size: 1.5em;">98 170B</p> <p>4b. Return Type</p> <p><input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Insured</p> <p>and/or <input type="checkbox"/> COD</p> <p style="text-align: right; font-size: 1.5em;">12/14/98</p> <p style="text-align: right; font-size: 0.8em;">(Only if requested)</p>	
<p>5. Signature of Addressee or Agent</p> <p style="font-size: 1.5em;">x <i>Kathy Stephens</i></p>			
<p>PS Form 3811, December 1994</p>		<p>Domestic Return Receipt</p>	

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- ROH _____
- SEC I
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

1679 DEC 15 98

POST OFFICE REPORTING