

ORIGINAL

0030

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 services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Kevin Russell Gallagher
3520 East Hidden Lake Drive
Jacksonville FL 32216-1118

4a. Article Number: 981277

99-028

Certified
 Insured
COD

(Only if requested)

and fee is paid

6. Signature: (Addressee or Agent)
X *Kevin Gallagher*

Postmark: JACKSONVILLE FL JAN 7 1999

PS Form 3841, December 1994

Domestic Return Receipt

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
 00417 JAN 11 8
 FPSC-RECORDS/REPORTING