

ORIGINAL

Is your RETURN ADDRESS completed on the reverse side?

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.

981333

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:

Jonathan R. Courville
19 N.E. 17th Street
Delray Beach FL 33444-4135

4a. Article Number

99-025

- Certified
- Insured
- COD

Merchandise

and fee is paid Only if requested

5. Signature (Addressee or Agent)

X *[Signature]*



PS Form 3812, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE

00584 JAN 15 94

FPSC-RECORDS/REPORTING