

Is your return insured?  
Marked 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.

I also wish to receive the following services (for an extra fee):  
1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

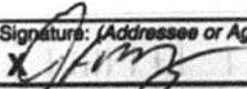
3. Article Addressed to: 981417

4a. Article Number 99-8044

Robert Daniel Pearce  
4546 South Semoran Blvd., #560  
Orlando FL 32822-2413

Certified  
 Insured  
 Merchandise  
 COD

ISS (Only if requested)

6. Signature: (Addressee or Agent)  


PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC   |
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

00990 JAN 25 88

FPSC-RECORDS/REPORTING