

ORIGINAL

Read 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: 98 1792

4a. Article Number 99-92

GTS
 David S. Tobin
 5697 Rising Sun Avenue
 Philadelphia PA 19120



Certified
 Insured
 COD
5/10/99
 Fee (Only if requested)

and fee is paid)

is your ZIP

6. Signature: (Addressee or Agent)
X. Russell

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

- AFP _____
- API _____
- CAF _____
- CM _____
- CT _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC I
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE

06102 MAY 13 8

FPSC-RECORDS/REPORTING