

ORIGINAL

1029

**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: 990419 | 4a. Article Number 99-114

ack Marion Baker  
 2512 Icewood Court  
 iverview FL 33569-6812

Certified  
 Insured  
 COD

Address (Only if requested)

5-24-89

6. Signature: (Addressee or Agent)  
 X Marion Baker

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- FA \_\_\_\_\_
- PP \_\_\_\_\_
- AF \_\_\_\_\_
- MU \_\_\_\_\_
- TR \_\_\_\_\_
- AG \_\_\_\_\_
- EG \_\_\_\_\_
- AAS \_\_\_\_\_
- PC \_\_\_\_\_
- RR \_\_\_\_\_
- EC 1
- NAW \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
~~06614~~ MAY 26 89  
 FPSC-RECORDS/REPORTING