## ORIGINAL

## 1068

-	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 card to you.  Attach this form to the front of the mailpiece, or on the back if space doe permit.  Write 'Return Receipt Requested' on the mailpiece below the article num delivered.	s not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
RETURN ADDRESS completed	3. Article Addressed to: 4a.,  North Fort Myers Utility, Inc. P. O. Box 2547  Fort Myers FL 33902-2547	Article No	umber  99 - Certified Insured Chandise COD Signature Chandise Cod C
ls your E	6. Signature. (Addressee or Agent) PS Form 3811, Becember 1994		Domestic Return Receipt

AFA .	
APP	
CAF	
•	
CMU	
CTR	
EAG	
LEG	
MAS	
OPC	
RRR	
SEC	
WAW	
OTH	

DOCUMENT MEMBER-DATE