

ORIGINAL

Deleted 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:

990824

4a. Article Number

99-189

Capital Services Exchange
 Thomas C. Hardy
 706 Radcliffe Avenue
 Lynn Haven FL 32444-3039

- Certified
- Insured
- or Merchandise COD

8-4-99

Address (Only if requested)

Is your

6. Signature (Addressee or Agent)

Thomas Hardy

(Signature is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

99-1486-FOF

- AAA _____
- APP _____
- CAF _____
- OMU _____
- CTR _____
- EAG _____
- LEO _____
- MAS _____
- OPC _____
- RRR _____
- SEC I
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE

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EVERYBODY REPORTS