

ORIGINAL

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.

mes Thomas Rothrock
 32 High Knoll Drive
 andon FL 33511-8389

lumber
 99-276
 Type
 ed Certified
 Mail Insured
 ceipt for Merchandise COD
 elivery 10-25-99

ETUF 5. Received By: (Print Name)

Agent)
[Signature]

8. Addressee's Address (Only if requested and fee is paid)

1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- PAI _____
- SEC 1
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE

~~10178~~ OCT 27 99

FISCAL RECORDS/REPORTING