

2064

Printed 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:

991303

4a. Article Number

99-245

4b. Service Type

- Certified
- Insured
- Collect for Merchandise
- COD

Delivery

10/25

Address (Only if requested and paid)

St. Rita Catholic Church
13645 Paddock Drive
Wellington FL 33414-7899

is your

6. Signature: (Addressee or Agent)

X *Carrie C. Lago*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE

13180 OCT 27 88

EPSC-RECORDS REPORTING