

ORIGINAL

2095

on the reverse side?	SENDER:	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	<ul style="list-style-type: none"> ■ 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. 	
	991064	Article Number 99-291
	on W. Sprouse Box 47671 onville FL 32247-7671	Service Type Registered <input checked="" type="checkbox"/> Certified Express Mail <input type="checkbox"/> Insured Return Receipt for Merchandise <input type="checkbox"/> COD Date of Delivery OCT 30 1999
Is your RETU	5. Received By: (Print Name) Madelon A. WALTON	8. Addressee's Address (Only if requested and fee is paid)
	6. Signature: (Addressee or Agent) X Madelon W. Sprouse	
	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 _____
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE

13539 NOV-3 8

FPSC-RECORDS/REPORTING