

ORIGINAL

2386

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.

99 1307

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

99-354

Certified
 Insured
Merchandise COD

12/9/99

5. Received By: (Print Name)
Carlene C. Magro

6. Signature: (Addressee or Agent)
Carlene C. Magro

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

Carlene C. Magro
8479 Raymond Drive
Boynton Beach FL 33437-1064

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

on the reverse side?
Is your RETURN

- AAA _____
- ABP _____
- CAF _____
- GMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- RRR _____
- SEC 1
- WAW _____
- OTH _____

DOCUMENT NUMBER-DATE
15233 DEC 13 99
FPSC-RECORDS/REPORTING