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 a card to you. Attach this form to the front of the mailpiece, or on the back if space doe	
Print your name and address on the reverse of this form so that we can a card to you. Attach this form to the front of the mailpiece, or on the back if space doe permit. Write "Return Receipt Requested" on the mailpiece below the article num. The Return Receipt will show to whom the article was delivered and the elivered. 3. ticle Addressed to 99999999999999999999999999999999999	s not 1. Addressee's Address aber. date 2. Restricted Delivery Consult postmaster for fee. Article Number
3. ticle Addressed to 991252 4a.	
Frank J. Crimbley 2724 Lake Henrietta Street Tallahassee FL 32310-6113	Certified Insured for Merchandise COD
	ry 1 2 8 99 Address (Only if requested a)
6. Signature: PS Form 381	

MATAA	manufacture of the second
AUPTPD	
CXEF	-
CNAW _	
CTIR!	-
EAG _	-
LEG _	
MAS	-
OPC .	
RRR	
SEC	
WAW	
OTH	

DOCUMENT NUMBER-DATE

15235 DEC 13 8