2384

Mark A. Gristy 2805 Gulf to Bay Blvd. Clearwater FL 33759-4014 Is your RETURN ADDRESS

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

Attach this form to the front of the mailpiece, or on the back if space does not

■ 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. A Restricted Delivery

Consult postmaster for fee.

Do it Yourself Pest Control U.S., Inc.

99-347

☐ Certified ☐ Insured

rchandise 
COD

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



ADDRESSED UNABLE

Do it Yourself Pest Control U.S., Inc. Mark A. Gristy

2805 Gulf to Bay Blvd



7 '99

DEC

CERTIFIED MAIL Return Recipt Requested

No: 99-347

