

ORIGINAL

0105

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.

990872

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

WELLAQUA Co.
 Jerome C. Salmons, Jr
 P. O. Box 2790
 Homosassa Springs FL 34447-2790

00-091

- Certified
- Insured
- COD



Is your RETURN

5. Received By: (Print Name)
 JC SALMONS

6. Signature: (Addressee or Agent)
 X *JC Salmons*

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- PRR _____
- REC _____
- TRK _____
- WV _____

DOCUMENT NUMBER-DATE

01094 JAN 25 8

FPSC-RECORDS/REPORTING