0349

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.

000070 - TC

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Dr. Henry N. Merritt, Jr., P.A.
1160 North State Road Seven
Lauderhill FL   33313-6630

00 - 0057
☐ Certified
☐ Insured
Merchandise ☐ COD

the reverse side?

Thank you for using Return Receipt Service.

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   102595-98-B-0229   Domestic Return Receipt

Is your RETURN

AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
MAS _____
OPC _____
RRR _____
SEC __1__
WAW _____
OTH _____

DOCUMENT NUMBER-DATE

02638 FEB 28 8