

ORIGINAL

0690-FOF

Registered on the reverse side?	<b>SENDER:</b> ■ 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.	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: <b>00 274</b>	4a. Article Number <b>00 - 158</b>
Milton Fried 784-B Nantucket Circle Lake Worth FL 33467-2780		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Merchandise <input type="checkbox"/> COD
MILTON FRIED <i>Milton Fried</i>		<b>4.19.00</b> Address (Only if requested)
Is your Bill <input checked="" type="checkbox"/>	6. Signature: (Addressee or Agent) <b>X</b>	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 \_\_\_\_\_
- RRR \_\_\_\_\_
- SEC
- WAW \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
**04967 APR 21 8**  
 FPSC-RECORDS/REPORTING