

1356-FDF

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|--------------------------------|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) | B. Date of Delivery 7/29/00 |
| | C. Signature X  | |
| | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 1. Article Addressed to: 000767 | | |
| en Mouded 8 Justina Road ksonville FL 32277-3479 | | |
| Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Mail <input checked="" type="checkbox"/> C.O.D. Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |
| 2. Article Number (Copy from service label) 00-230 | | |

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

09245 JUL 31 8

POST OFFICE RECEIVING