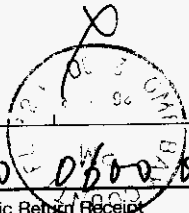


1707-PAA

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 9/26/00
1. Article Addressed to: 000931	C. Signature X <i>Sharon Dickson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
Wellington N. Dickson 2302 Hollister Road Marianna FL 32446-6882	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Yes <input type="checkbox"/> No (Extra Fee)	
2. Article Number (Copy from service label)	7000-0600-0026 445 6515	
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789



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DOCUMENT NUMBER-DATE
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