

ORIGINAL

1797 PAA

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print, Clearly) Donna Buchanan	B. Date of Delivery 10-3-00
1. Article Addressed to:  M. S. Payphone Repair Michael W. Sorrell 105 Mackery Woods Road Sopchoppy FL 32358	C. Signature X Donna Buchanan	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Article Number (Copy from service label)	Express Mail Return Receipt for Merchandise C.O.D.	
PS Form 3811, July 1999	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

001166

Y

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

DOCUMENT NUMBER-DATE

12595 OCT-48

FPSC-RECORDS/REPORTING