

1780-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
1. Article Addressed to:	C. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
000972-TC	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
ry Carl Jones 58 Lake Lucina Drive, S. cksonville FL 32211-3963	ii <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
5758	<input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) 7000 0600 0026 4145 6348		

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

DOCUMENT NUMBER-DATE

12654 OCT-58

FPSC-RECORDS/REPORTING