1800-PAR

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY .
 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 C. Signature Agent Addressee
Article Addressed to:	D. Is defivery address different from item 17. Yes If YES, enter delivery address below. No
Allen Eberly 1000 Universal Studios Plaza	981-TC (1880)
Orlando FL 32819-7610	Express Mail Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery (Extra Fee)
2. Article Number (Copy from service label) 7000600021041455269	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

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