

ORIGINAL

1794

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)	B. Date of Delivery
1. Article Addressed to:	C. Signature <b>X</b> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="text-align: center; background-color: yellow; padding: 2px;">0011 03-TC</div> <div style="margin-top: 10px;"> <p>Jack S. Koontz 17459 S.W. 21st Court Miramar FL 33029-5597</p> <div style="text-align: center; font-size: 2em; margin: 10px 0;">p</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"> <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.           </div> </div> </div>		
2. Article Number (Copy from service label) <div style="text-align: center; background-color: yellow; padding: 2px;">70000600 0026 4145 5440</div>		
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

12878 OCT-98

FPSC-RECORDS/REPORTING