

ORIGINAL

1800

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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>Miriam C Stevenson</i> 10/13/00</p> <p>C. Signature <input type="checkbox"/> Agent <i>X Miriam C Stevenson</i> <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Tele, Inc. M. C. Stevenson 446 Lake Davenport Blvd. Davenport FL 33837-5428</p>	<p>Express Mail Return Receipt for Merchandise C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) 7000 0600 0026 4145 5273</p>	

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- APP _____
- CAF _____
- CMP _____
- COM _____
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- LEG _____
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DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING