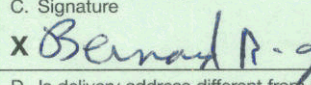



00116-TC

ORIGINAL

1747

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:	BENJAMIN P. SCHROEDER	
B. R. Johnson Joyce A. Johnson 4040 Greenwillow Lane, W. Jacksonville FL 32277-1642	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
001164 	D. Is delivery address different from item 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, enter delivery address below:		
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7000 06 00 0026 4145 5921		
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC 1 _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

13496 OCT 23 8

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