

ORIGINAL

2124

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: <u>001128</u>	C. Signature <i>X Sheryl Wyckoff</i>	
	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No

Sheryl Wyckoff  
 508 8th Avenue East  
 Bradenton FL 34208-5832

NOV 14 2000

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

Extra Fee?  Yes

2. Article Number (Copy from service label)  
7000 0600 0024 4145 4931

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- FUR \_\_\_\_\_
- ILG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- PGO \_\_\_\_\_
- SEC I
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

14865 NOV 16 8

FPSC REG. BUS. REPORTING