

ORIGINAL

1157-88F

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) <i>Michelle P...</i> B. Date of Delivery <i>5-23-01</i></p>
<p>1. Article Addressed to:</p> <p>Anthony Narducci 6 South Laura Street Jacksonville FL 32202-1733</p>	<p>C. Signature <i>Michelle P...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p><i>001150</i></p>
	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Article Number (Copy from service label) <i>20 0600 0026 4144 3232</i></p> <p>Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>	

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

DOCUMENT NUMBER-DATE

06753 MAY 30 2001

FPSQ-RECORDS UNIT