

ORIGINAL

PSC-01-1754 - PAA-TC

Is your REI ed on the reverse side?	<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: <u>010601</u> Gordon Douglas Wenner 4514 N.E. 21st Avenue Ft. Lauderdale FL 33308-4705	4a. Article Number _____  <input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Merchandise <input type="checkbox"/> COD  <u>8-31</u> Address (Only if requested) _____
	6. Signature (Addressee or Agent) <input checked="" type="checkbox"/> <u>[Signature]</u>	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

APP \_\_\_\_\_  
 SCAF \_\_\_\_\_  
 COMP \_\_\_\_\_  
 CLOM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECIR \_\_\_\_\_  
 LEG \_\_\_\_\_  
 OPC \_\_\_\_\_  
 PAI \_\_\_\_\_  
 RGO \_\_\_\_\_  
 SEC \_\_\_\_\_  
 SER \_\_\_\_\_  
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

11010 SEP-56

FPSC-COMMISSION CLERK

