

010866-TI

ORIGINAL

1995-PAA

SENDER:

- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 010866

4a. Article Number

4b. Article Description

5. Article Type

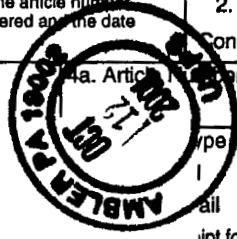
6. Signature: (Addressee or Agent)

Certified

Insured

COD

7. Addressee's Address (Only if requested and paid)



Is your mailpiece completed on the reverse side?
 Is your mailpiece completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

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

DOCUMENT NUMBER-DATE
 13177 OCT 17 95
 FPSC-COMMISSION CLERK