

Printed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 960291

4a. Article Number 96 018

- 4b. Service Type
- Registered
  - Certified
  - Express Mail
  - Insured
  - COD
  - Return Receipt for Merchandise

7. Date of Delivery 5-21-96

re Medical Corp.  
10-4 Westside Industrial Drive  
Jacksonville FL 32219-3237

Is your RETURN AD:

5. Signature (Addressee)  
[Signature]

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1993-353-714

**DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

Vertical barcode-like markings on the left side of the page.

DOCUMENT NUMBER-DATE

05823 MAY 24 96

FBI/DOJ REPORTING