

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
 CTR \_\_\_\_\_  
 EAG \_\_\_\_\_  
 LTR \_\_\_\_\_

W \_\_\_\_\_  
 OFR \_\_\_\_\_

Thank you for using Return Receipt Service.

**Is your RETURN ADDRESS completed 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.

**1.  Addressee's Address**

**2.  Restricted Delivery**  
 Consult postmaster for fee.

**3. Article Addressed to:**

FAMCO of Tampa, Inc.  
 4139 East Busch  
 Tampa FL 33617-5935

**4a. Article Number:** 96400

**4b. Service Type:**

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

**7. Date of Delivery:** 11-23-96

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

**6. Signature Agency:** *[Signature]*

PS Form 3811, December 1991 ©U.S. GPO: 1993-352-714

**DOMESTIC RETURN RECEIPT**

961123-TC

DOCUMENT NUMBER-DATE  
 12707 NOV 27 96  
 FPSC-RECORDS/REPORTING