

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
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 EAG \_\_\_\_\_  
 LEG \_\_\_\_\_  
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 OPC \_\_\_\_\_  
 RCH \_\_\_\_\_  
 SEC 1 \_\_\_\_\_  
 WPS \_\_\_\_\_  
 QTH \_\_\_\_\_

Thank you for using Return Receipt Service.

<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, 4a, and 4b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requester" on the mailpiece below the article number.</li> <li>• This Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Addressee's Address</li> <li>2. <input type="checkbox"/> Restricted Delivery</li> </ol> <p>Consult postmaster for fee.</p>
<p>3. Article Addressed to: <u>961547</u></p> <p>Michael P. Sultzor          3660 N.E. 166th Street, #403          North Miami Beach FL 33160-3820</p>	<p>4a. Article Number <u>97-0031</u></p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery <u>0 1997</u></p>
<p>5. Received By: (Print Name)</p> <p>6. Signature: (Addressee or Agent)</p> <p><u>X M. Sultzor</u></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>PS Form 3811, December 1994</p>	

**Domestic Return Receipt**

DOCUMENT NUMBER-DATE  
01324 FEB-46  
 FPSC-RECORDS/REPORTING