

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RC _____
- SEC _____
- WAS _____
- OTH _____

DOCUMENT NO. _____

Thank you for using Return Receipt Service.

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 multiple piece mail.
- Write "Return Receipt Requested" on the back of the mail piece 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: 961544

4a. Article Number 97-0028

4b. Service Type

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

7. Date of Delivery 2/5/97

5. Received By: (Print Name) _____

6. Signature (Addressable for Agent) [Signature]

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

Cheryl Kanarvogel
13953 Little Ranch Road
Spring Hill FL 34610-8501

PS Form 3811, December 1994

Domestic Return Receipt

DOCUMENT NO.
01362-99
02/05/97