

Unlabeled  
FILE COPY

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

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 the card to you.
- Attach this form to the front of the mailbox, or on the back if space does not permit.
- Write "Return Receipt Requester" on the mailbox before the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: 970300

4a. Article Number 47-0143

Lorie Shearer & Sharon Anderson  
4509 Vasconia Street  
Tampa FL 33629-8327

1.  Addressee's Address  
2.  Restricted Delivery  
Consult postmaster for fee.

Certified  
 Insured  
Merchandise  COD

7-8-97  
Date (Only if requested)

Signature: X [Signature]  
Postmaster (Postoffice or Agent)

PS Form 3811, December 1984

Domestic Return Receipt

DOCUMENT NUMBER-DATE  
06972 JUL 11 5  
FPSC-RECORDS/REPORTING