




SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 10/17/00
1. Article Addressed to: 000925	C. Signature X 	
Johns Communications Daniel A. Sheffield P.O. Box 1501 Tallahassee, FL 32178-1501	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> YES, enter delivery address below: <input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No 	
2. Article Number (Copy from service label)	7000 0600 0026 4145 6522	
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

13097 OCT 16 8

FPSC-RECORDS/REPORTING