

ORIGINAL

0433

Completed on the reverse side?

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 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.

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:

980167

4a. Article Number

98-0009

4b. Service Type

Craig Alan Kretz
 130 13th Avenue
 Indialantic FL 32903-3214

- Certified
- Insured

Merchandise COD

3 30 78

Postage (Only if requested)

Thank you for using Return Receipt Service.

is you

Signature (Postmark or Registered)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

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

DOCUMENT NUMBER DATE

03828 APR-2 88

EPSON