

981324

INSTRUCTIONS:

- Complete items 1 and 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 envelope, or on the back if space does not permit.
- Write "Return Receipt Requested" on the envelope 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

981324

Fone First
Mr. J. Michael Kent
P. O. Box 1532
Marianna FL 32447-5532

98-197B

Certified
 Insured
 COD

12/22/98

5. Received By: (Print Name)

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

7. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service

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

INSTRUMENT NUMBER-DATE
 14000 DEC 23 8
 FPSC-RECORDS/REPORTING