


ORIGINAL

<b>INSIDE:</b> Complete items 1 and 2 for additional services. Complete items 3, 4a, and 4b. Affix 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 receiver... or on the back if space does not permit. Write "Return Receipt Requested" on the envelope before the article number. The Return Receipt will clear to return the article and payment and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <p style="text-align: center; font-size: 1.5em;">990303</p>		4a. Article Number: <p style="text-align: center; font-size: 1.5em;">99-95</p>	
Arthur W. Knight, Jr. 3349 Barrow Hill Trail Tallahassee FL 32312-5055		<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD Merchandise <input type="checkbox"/> Fee (Only if requested)	
5. Signature (Addressee or Agent) <p style="text-align: center;">X <i>[Signature]</i></p>			
PS Form 3811, December 1984		Domestic Return Receipt	

AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
 CTR \_\_\_\_\_  
 EAG \_\_\_\_\_  
 LEG \_\_\_\_\_  
 MAS \_\_\_\_\_  
 OPC \_\_\_\_\_  
 RRR \_\_\_\_\_  
 SEC \_\_\_\_\_  
 WAW \_\_\_\_\_  
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

05-000000-48

FPSC-RECORDS/REPORTING