SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

Dave Hannon Mgr.
Orlando Paving Co
P.O. Box 547186
Orlando, FL 32854-7186

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Vicky L. Barrow ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Vicky L. Barrow C. Date of Delivery 03/12/03

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

OCD-HW-03-0064

C NM

3. Service Type

☑ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from servic* 7001 0360 0000 6784 7553

MAR 11 2003

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

FLR000050369