

**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.



Sam Culpepper  
Warden  
Zephyrhills Correctional Institution  
2739 Gall Boulevard  
Zephyrhills, Florida 33541

A. Received by (Please Print Clearly)

C. Signature

X *[Handwritten Signature]*

- Agent
- Addressee
- Yes
- No

D. Is delivery address different from item 1? (If different, print delivery address below:)

*[Handwritten Signature]*  
*[Handwritten Address]*

- Registered Mail
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.
- 4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

8459 194E 2000 028C 5002

Domestic Return Receipt

July 1999