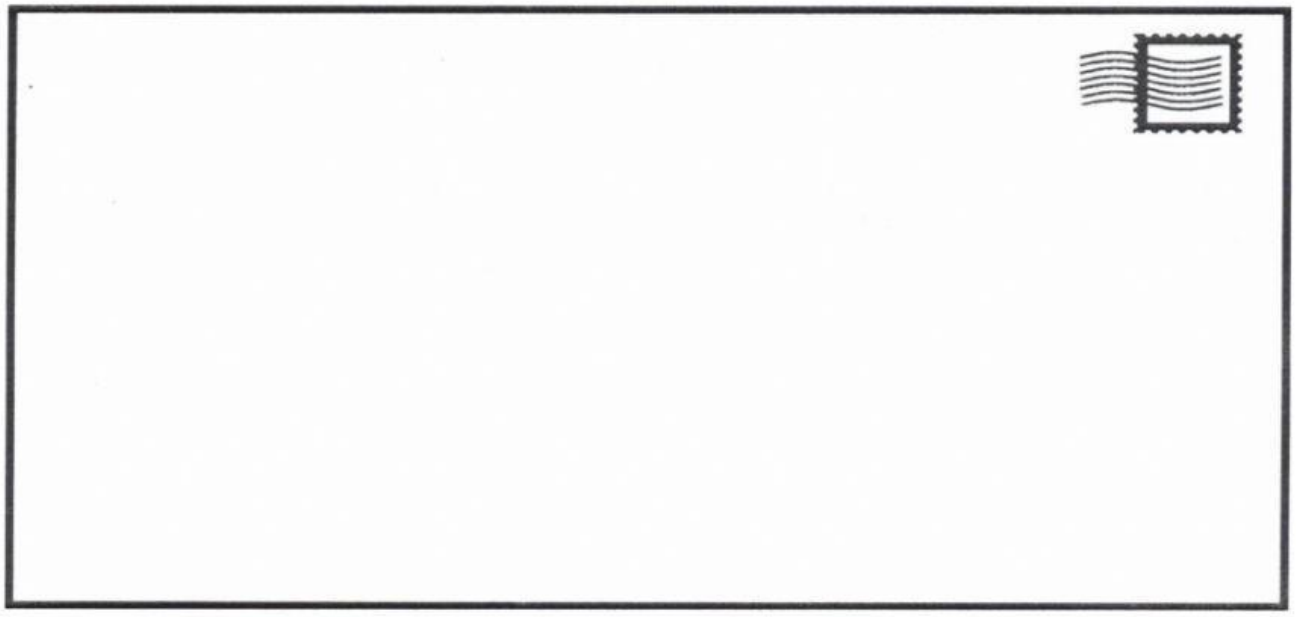
Name: _____ Date:_____

ENVELOPE PRACTICE

Instructions: Using the information given, correctly format the envelopes below.

1. **Sender:** P. O. Box SB-314 Nassau, The Bahamas Alice Tucker
   Receiver: Sunrise Medical Center Chief Medical Officer Dr. William Roberts
   P. O. Box N-1214 Nassau, The Bahamas



2. **Sender:** Nassau, The Bahamas Mr. Ted Curry P. O. Box EE-530
   Receiver: Mrs. Andrea Pratt Kelly's Home Center Manager
   P. O. Box CR-1148 Nassau, The Bahamas