ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery All 15 Mir L 2 7
1. Article Addressed to: 020 800 A & 0 Communications	D. Is delivery address different from jitem 1? ☐ Yes If YES, enter delivery address delow: ☐ No
877 Meadowlark Court Winter Haven FL 33884-2542	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Transfer from service label) 7002	0860 0001 1755 6149
PS Form 3811, March 2001 Domestic R	eturn Receipt 102595-01-M-1424

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