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Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee!):

1. Addressee's Address

2. Restricted Delivery Consult postmaster for fee.

4a. Article Number **96321**

4b. Service Type Insured Registered COD Certified Express Mail Return Receipt for Merchandise

7. Date of Delivery **NOV 23 1991**

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:

**Caribe Cafeteria
3953 N.W. 7th Street
Miami FL 33126-5504**

5. Signature *[Signature]*

6. PS Form 3811, December 1991 ©U.S. GPO: 1990-380-714

DOMESTIC RETURN RECEIPT

For your RETURN ADDRESS completed on the reverse side?

SENDER:
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print 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 mailpiece, or on the back if space does not permit.
 • Write "Return Receipt Requested" on the mailpiece before the article number.
 • The Return Receipt will allow to whom the article was delivered and the date delivered.

DOCUMENT NUMBER-DATE
12708 NOV 27 91
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