

Domestic  
FILE COPY

970403-TC

PS Form 3811, December 1994

1. Complete items 1 and 2 for actual services.  
 2. Complete items 3, 4a, and 4b showing your name and address on the reverse of this form so that we can return the card to you.  
 3. Attach the form to the front of the package, or on the back if space does not permit.  
 4. Print "Return Receipt Requested" on the package before the article number. 5. The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee

4a. Article Number: 970403

4b. Service Type:  
 Registered  
 Express Mail  
 Return Receipt for Merchandise  
 COO  
 Certified  
 Insured  
 Date of Delivery

5. Received By (Print Name):  
Jimmy Pasvantis  
887 S.E. 13th Street  
Deerfield Beach FL 33441-7049

6. Signature (Addressee or Agent):  
[Signature]

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

Domestic Return Receipt

Thank you for using Return Receipt Service.



ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMI \_\_\_\_\_  
 CIO \_\_\_\_\_  
 CIP \_\_\_\_\_  
 CPE \_\_\_\_\_  
 CPO \_\_\_\_\_  
 CSM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 CUP \_\_\_\_\_  
 CUS \_\_\_\_\_  
 CVM \_\_\_\_\_  
 CWM \_\_\_\_\_

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