

ORIGINAL

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

971246

Nicaragua Grocery
27 N.W. 13th Avenue
Miami FL 33125-5677

4a. Article Number

77-0287

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

11-17-97

5. Received by (Print Name)

6. Signature (Addressee or Agent)

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CHC _____
- CRS _____
- EAG _____
- EDD _____
- ELI _____
- EMD _____
- EMS _____
- FOI _____
- FRS _____
- INS _____
- INT _____
- IRB _____
- IRF _____
- IRL _____
- IRN _____
- IRP _____
- IRS _____
- ISA _____
- ISB _____
- ISC _____
- ISD _____
- ISE _____
- ISF _____
- ISG _____
- ISH _____
- ISI _____
- ISJ _____
- ISK _____
- ISL _____
- ISM _____
- ISN _____
- ISO _____
- ISP _____
- ISQ _____
- ISR _____
- ISU _____
- ISV _____
- ISW _____
- ISX _____
- ISY _____
- ISZ _____

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11/21/97