

ORIGINAL

010350-TC

1018-FDF

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	<input checked="" type="checkbox"/> Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pedro Gonzalez  
 2470 N.W. 35th Avenue  
 Miami FL 33142-6952

010350-TC

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 xtra Fee)  Yes

2. Article Number (Copy from service label)  
 7000 0600 0026 7144 3916

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

ADD \_\_\_\_\_  
 DAF \_\_\_\_\_  
 OMF \_\_\_\_\_  
 RCM \_\_\_\_\_  
 CTH \_\_\_\_\_  
 ECF \_\_\_\_\_  
 LEG \_\_\_\_\_  
 OPC \_\_\_\_\_  
 PAI \_\_\_\_\_  
 RGO \_\_\_\_\_  
 SEC   /   \_\_\_\_\_  
 SER \_\_\_\_\_  
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

05318 APR 30 2001

FROM ADDRESS REPORTING