


ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 7-6-01
1. Article Addressed to:	C. Signature 	
PAA-01-1438-PAA-TC	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
H. Cartman Sandra Cartman 140-B Golden Eye Drive Daytona Beach FL 32119-8355	<u>010450-TC</u> Express Mail Return Receipt for Merchandise C.O.D. <input type="checkbox"/> Yes Extra Fee)	
2. Article Number (Copy from service label)	7000 0600 0026 4144 3119	

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

APP _____
CAF _____
CMP _____
COM _____
CTR _____
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OPC _____
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RGO _____
SEC H _____
SER _____
H _____

DOCUMENT NUMBER-DATE
08440 JUL 11 01
FBI-RECEIVED