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| <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 |
| <p>f. Article Addressed to: 030410</p> <p>Raven Communications, Inc. Mr. Hector A. Dual, President 7875 N.W. 12th St. Suite #111 Miami FL 33126</p> | C. Signature | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 2. Article Number (Transfer from service label) | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| PS Form 3811, March 2001 | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7002 0860 0001 1755 6354</p> | |

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