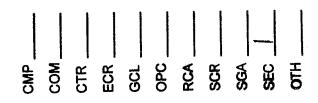
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			SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DEL	IVERY	•
RECEIVED-FPSC	OS JAN 25 AM II: 20	CLERK	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 			B. Date of Delivery Agent Addressee	
			J. Article Addressed to: OSOLY7 P. J. Sp. Teles municat: Av. que, #4 Miah 3313	ions Inc.	D. Is delivery address different from iter If YES, enter delivery address below	n 1? 🔲 Yes	
					3. Service Type N, Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receing Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	I ipt for Merchandise	
	:	State of Marida	2. Article Number	7004 13	L60 0004 575 0 7094	7094	
	PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424 PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 Toll 1160 0004 5750 7094					047J82004132 \$ 04.650 12/1972006 Mailed From 32399 US POSTAGE	



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