| SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back does not permit. Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered adelivered. | if space  1. Addressee's Address icle number, and the date Consult postmaster for fee.   |
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| 3. Article Addressed to: 920013 Gabriel Ighile 7943 S.W. 104th Street Miami FL 33156-3645  | 4a. Article Number  4b. Service Type Registered Insured Certified COD Express Mail Return Receipt for Merchandise  7. Dete of Delivery |
| 6. Signature (Agent)   | 8. Addressee's Address (Only if requested and fee is paid)   |
| > PS Form 3811, December 1991 ×U.S. GPO: 1993-352  | POMESTIC RETURN RECEIPT  |