

- ACK _____
- AFA _____
- API _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC _____
- WAS _____
- OTH _____

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requester" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. Also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: *92092*

4a. Article Number *97005*

4b. Service Type

- Registered
- Registered *Identified*
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

5. Recd

6. Signature/Addressing Agency
X *Luca F. Bencini-Tibo*

8. Addressee's Address (Only if requested and fee is paid)

Luca F. Bencini-Tibo
8736 S.W. 114th Place
Miami FL 33173-4229

Domestic Return Receipt

Thank you for using Return Receipt Service.