

DEC-2 PH12:47

ORIGINAL

NO REPORTING

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 Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 981140 Article Number 48-1403

Wilson De Gouveia
1366 Veracruz Lane
Ft. Lauderdale FL 33322

Certified
 Insured
 COD

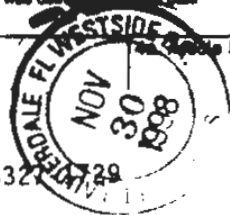
5. Re wilson de Gouveia 11 30 98 *if requested*

6. Signature: (Addressee or Agent)
X *Wilson de Gouveia*

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.



- ACK _____
- AFX _____
- APP _____
- CAF _____
- CMH _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPD _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER DATE
13539 DEC-2 98