

ORIGINAL

0184

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: 981498 - 4a. Article Number 99-100

Evelio R. Suao
4635 S.W. 94th Avenue
Miami FL 33165-5845

Certified
 Insured
 Merchandise COD
2/3/89
Address (Only if requested)

6. Signature: (Addressee or Agent)
X E. Suao

is your _____

PS Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Services.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPD _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

01654 FEB-88

FPSC-RECORDS/REPORTING