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 calcard to you. Attach this form to the front of the mailpiece, or on the back if space of permit. Write "Return Receipt Requested" on the mailpiece below the article in The Return Receipt Will show to whom the article was delivered and the delivered.	extra fee): 1. Addressee's Address 2. Restricted Delivery
Richard Austin 2350 Commerce Park Drive Palm Bay FL 32905	00-028 Certified ☐ Insured chandise ☐ COD
K I- I	Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) X Coher Cust	DIN COLUMN CO.

