

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <u>YNS</u> <u>SEP 27 2000</u></p>
<p>1. Article Addressed to: <u>000956</u></p>	<p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>FCI Somkid Punma 3455 Sunny Isles Blvd. North Miami Beach FL 33160-4426</p>	<p>Express Mail Return Receipt for Merchandise C.O.D. Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>7000 606002641456430</u></p>	

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC 1
- SER _____
- OTH _____

DOCUMENT NO.
12416-00
7-27-00