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Colonia de la co	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature, Agent Addressee
1. Article Addressed to 001099 TC	Is delivery address different from item 1? Yes If YES, enter delivery address below: No
JAMES Doucett 4054. Eastridge Cr. Pomilino Beach fr	3. Service Type
33064-1844	Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
1000 0600 0026 4145 5211	
PS Form 3811. July 1999 Domestic Return Receipt 102595-99-M-1789	

APP CAP COM CTR ECR LEG OPC PAI RGO SEC SER OTH

DOCUMENT NUMBER-DATE

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