

PSC-00-1989-PAA-TC

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
Alex Levy 345 Bayshore Blvd., #1208 Tampa FL 33606-2348	C. Signature	<input type="checkbox"/> Agent
	X	<input type="checkbox"/> Addressee
	001189-TC	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
	Different from item 1? address below:	
	<input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label)		
7000 0600 0026 4145 5037		
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 NUMBER-DATE

14579 NOV 13 88

FPSC-RECORDS/REPORTING