

_					_	
S	E	N	D	E	R	:

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

•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.

6 11151,611327; 6113 28 3. Article Addressed to:

CardMart USA, Inc. Mr. Frank Guagliardo 2040 N.E. 163rd Street Suite 302 North Miami Beach FL 33162

☐ Certified Insured Merchandise COD

I also wish to receive the

following services (for an

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

extra fee):

ress (Only if requested

6. Signature: (Addressee or Agent)

PS Form 3811, Commission 1004

Domestic Return Receipt

DOCUMENT NUMBER - DATE

APP COMPT CANADA CANADA

39

FPSC-COMMISSION CLERK