0'237-PAA

on the reverse side?	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 can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. 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.			I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eipt Service.
Ap 12 He	ex Professional Se International Pa athrow FL 32746-5	<i>O ^{TOO}</i> rvices, Inc. rkway, Suite 22 049	4a. Article N	Certified Insured Or Merchandise COD	for using Return Rec
ls your £	6. Signature: (Addressée or A X PS Form 3811 , December 19	Rus		Idress (Only if requested	Thank you

AUS ____
CAF ___
COM ___
CTR ___
ECR ___
GCL ___
OPC ___
MMS ___
SEC ___
OTH ___

DOCUMENT NUMBER - DATE

02369 MAR -18