

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <u>021039</u> Rudy B. Soriano 1861 Paulding Avenue, Apt. 2 Bronx NY 10462-3176	RUDY SORIANO	11-30
	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	X <i>Rudy Soriano</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	D. Is delivery address different from item 1? If YES, enter delivery address below:	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <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. Ar
(Tr.
PS Fr

102595-01-M-1424

AUG
SEP
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JAN
FEB
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APR
MAY
JUN
JUL

DOCUMENT NUMBER-DATE

13355 DEC-68

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