## ORIGINAL

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 mailplece, or on the front if space permits.  1. Article Addressed to: 04/032	A. Received by (Please Print Clearly)  C. Signifure  X
All American Warrior Vending 2421 N.E. 2nd Avenue Pompano Beach FL 33064-3838	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
,	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 700 (Transfer from service label)	2 0860 0001 1758 5941
PS Form 3811, March 2001 Domestic Re	turn Receipt 102595-01-M-1424

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