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1. Article Addressed to: <p style="text-align: center;">041027</p> <p>Texaco of Stuart 3200 S.E. Federal Highway Stuart FL 34997-4912</p> <p style="text-align: center;">CO</p>	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number	D. Is delivery address different from item 1? If YES, enter delivery address below:	
(Transfer from service)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001	7002 0860 0001 1759 7739 102595-01-M-1424	

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