0.	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	90
CONTINUES ON CLERK	 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature	9 AMES 6
	Attach this card to the back of the mailpiece, or on the from space permits.	X Agent	
	1. Article Addressed to: 05 066 2 54-05-1237 Suzanne Gala	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	DOCUMENT O C
	43 Market eet Poughke NY 12601-3207		000
		3. Service Type	
	2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes	
C4 4 6 EN	(Transfer from service label)	L160 0004 5750 7001	17J82004132
State of Florida Public Service Co	Domestic F	Return Receipt 102595-01-M-1424	04.659
2540 Shumard Oak Bou Tallahassee, Florida 3239		104 5750 7001	d From 32399 POSTAGE
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