

	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
	■ Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired. ■ Print your name and address on the reso that we can return the card to you. ■ Attach this card to the back of the major on the front if space permits.  1. Article Addressed to: \( \)\( \)\( \)\( \)\( \)\( \)\( \)\(	i. everse	A. Received by (Please Print Clearly)  C. Sightfure  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:	
	Arctic Fun, Inc. 4601 North Federal Highway Pompano Beach, FL 33064-68	510	3. Service Type  Certified Mall Express Mail Registered Return Receipt for Merchandise	
	PSC-06-0614- PAA-T	TC.	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes	
	Article Number     (Transfer from service label)	700	4 1160 0004 5751 3934	
CMP	PS Form 3811, March 2001 Domes		tic Return Receipt 102595-01-M-1424	
COM	The state of the s		managan ang at ang	

CTR

ECR \_\_\_\_

GCL \_\_\_\_

RCA \_\_\_\_

SGA \_\_\_\_

HTC

DOCUMENT NUMBER - DATE

06481 JUL 248