SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to: Mr. Pedro Olivera Trophy Towing Co.	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
8053 NW 64th Street	3. Service Type  ☐ Certified Mail ☐ Express Mail
Miami, FL 33166	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7009 2250 (Transfer from service label)	0000 4178 4263
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540