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 mailpiece, or on the front if space permits. 1. Article Addressed to: Ms. Mayra Gonzalez. 9811 SW 138th Avenue 	A. Signature A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery S 2 1/ D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Miami, FL 33186	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 (Transfer from service label) 7010 0290 0002 0414 6204	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	