ORIGINAL

000482-10

1016-Ped

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SE	ECTION ON DEL	IVERY
 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. 		A. Received by (Plea	se Print Clearly)	B. Date of Delivery
		C. Signature X Milda Gam 26 Agent Addressee		
1. Article Addressed to:		D. Is delivery address different from item 1? Fragress If YES, enter delivery address below: O No		
Global Communication 4020 B Cortex Drive Tampa FL 33614-1535			000	482-TC
·			Express Ma	ail eipt for Merchandise
			? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026	4144	8879		
PS Form 3811, July 1999	Domestic Return Receipt			102595-00-M-0952

HFIF	
CAF	
CMP	
COM	
CTR	
ECR	
LEG	
OPD .	
F-P1	
KGO !	
SEÇ]	\Box
SER	
OTH I	

DOCUMENT NEWSTER PATE

05320 APR 30 5

FPSD-4 11 11 11 11 11 11 11 11 11