## ORIGINAL

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</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery
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.	C. Signature  X
1. Article Addressed to: 020791	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
Tariq El-Yaman 21-B Moore Road Haines FL 33844	
•	3. Service Type
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7002 0840 0001 1755 6101 (Transfer from service label)	
PS Form 3811, March 2001 Domestic Ret	turn Receipt 102595-01-M-1424

DOCUMENT WIMBER-DATE

13184 DEC-38

FPSC-COMMINISTICAL CLERK