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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. 	A. Signature X
Federal Correctional Institution Miami 15801 S.W. 137th Avenue	D. Is delivery address different from item 1?
Miami, FL 33177-1297	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
PSC-06-0695-CO-TC	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7005 (Transfer from service label)	1160 0003 8789 5642
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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