| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Deliver |
| 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. | C. Signature X M Agent Addresse |
| 1. Article Addressed to: | D. Is delivery address different from item 1? |
| 7000 10 8 | |
| ton McNeil O. Box 5563 ce Worth FL 33466-5563 | ii |
| ton McNeil O. Box 5563 | ii |

APP
CAF
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COM
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DOCUMENT NUMBER-DATE

12493 OCT-28