

910188-TC

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Complete items 1 and 2 when additional services are desired, and complete items 3 through 7 when the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check (initial) for additional service(s) requested.

1. Ship to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>BAILEY'S GROCERY ATTN: ALBERT BAILEY 1410 NW 119st MIAMI, FL 33167-3236</p>	<p>4. Article Number</p> <p>78780</p>
<p>5. Signature - Addressee</p> <p><i>Albert Bailey</i></p>	<p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>
<p>6. Signature - Agent</p> <p>X</p>	<p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>7. Date of Delivery</p> <p>5-8-91</p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p> <p>78</p>

PS Form 3825, 8-78 U.S.E.P.S. 1989-202-010 DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE
04676 MAY 13 1991
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