2161

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. Received by (Please Print Clearly) B. Date of Delivery	
	C. Signature X Agent Addressee	
1. Article Addressed to: 60 10 S8.	If YES, enter delivery address below: □ No	
Next Generation Pay Phone Service Donna Marie Smith 1511 Cranville Square	es :	
Ft. Myers FL 33942-6925	1 Express Mail	
	1 Return Receipt for Merchandise 1 C.O.D.	
	L Yes ☐ Yes	
2. Article Number (Copy from service label) 2000 0600 0026 4145 4986		
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789	

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DOCUMENT NUMBER - DATE