

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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: <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>B-683 NOH LH</i>	B. Received by (Printed Name): <i>G. Ostrowicki</i>	C. Date of Delivery: <i>8/3/03</i>
Gabriela Ostrowicki 3229 Flagler Avenue #1 Key West, FL 33040	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label):	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7012 2210 0000 6244 8652		
Domestic Return Receipt		
102595-02-M-1540		

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

13683 FLORIDA HOUSE

Postage	46
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	6.11

RECEIVED

AUG 30 2003

Postmark Here

Sent to: *Gabriela Ostrowicki R/A*
 Street, Apt. No., or PO Box No.: *3229 Flagler 101*
 City, State, ZIP+4: *KW FL 33040*

PS Form 3800, August 2002 Reverse for Instructions

7012 2210 0000 6244 8652