| 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. Nocy-woff Article Addressed to: 14-oce W Theresa Alma Paturno | A. Signature X. 1 Agent Addressee B. Received by (Printed Name) C. Date of Delivery Theresa Petersa 1/0/14 D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: |
| 903 Frances street Key west, Florila 33040-33 | 3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | |
| 2. Article Number 7013 2630 (Transfer from service label) | 0000 9565 5736 |
| PS Form 3811, July 2013 Domestic Re | eturn Receipt |

| 35 | U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Insurance Coverage Provided) | |
|----------------|---|---|
| 573b | For delivery information visit our websits at www.uspa.come | 3 |
| LO. | OFFICIAL USE | |
| 2630 0000 9565 | Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees Return Receipt Fee (Endorsement Required) Total Postage & Fees Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | |
| 7013 | Sent to M4. Theresa Alma Paturno Street, Apt. No.; or PO Box No. 903 Frances Street Citystate, 2194 Citystate, 2194 PS Form 1000, August 2006 Reverse for Instructions | |