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. Signature X
1. Article Addressed to: 13-683 NOH LH	If YES, enter delivery address below: No
Erwin Mayer & Moritz Didier PO Box 1087 Key West, FL 33041	3. Service Type #2 Certified Mall
	☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7012 221	0 0000 6244 8645
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

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뭠	For delivery information visit our website at www.usps.com
#	13-683 1004 24
רח	Postage \$ 46 50
	Certified Fee 3.10
0000	Return Receipt Fee (Endorsement Required) 2.55 Here
	Restricted Delivery Fee
2210	Total Postage & Fees \$ 6.11
띰	Senifo Laur Mares
7012	Street, Apt. No.; or PO Box No. PO Box 108 1
	City, Statio, ZIP+4/ FL 33NUI
	PS Form 3000 Aligned 200# See Reverse for Instructions