Th.					
5244 B3	Postage \$ 46				
270 0000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ 6 //				
7012 26	Sent To Ood A Santon Street, Apt. No.; 8 19 Vanetia City, State, ZIP+4 K W FL 33040 PS Form 3800. August 2006 See Reverse for Instructions				

SENDER: COMPLETE THIS SECT	Į,	COMPLETE THIS SECTION ON DELIVERY			
item 4-if Restricted Delivery is des Print your name and address on to so that we can return the card to	Complete items 1, 2, and 3. Also complete tem 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  B. Received by (Printed Name		Agent Addressee
1. Article Addressed to: 13-943-79 NOH  Todd A Santoro			D. Is delivery address different from Item 1?  If YES, enter delivery address below:  N		
		十	3. Service Type		
819 Venetia Street Key West, FL 33040		☐ Certified Mail ☐ Registered ☐ Insured Mail	☐ Express Ma ☐ Return Rec ☐ C.O.D.	all elpt for Merchandise	
			4. Restricted Deliver	y? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7012 28	10	0000 624	4 8324	
PS Form 3811, February 2004 Domestic Return Receipt					

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