

082

ORIGINAL

INSTRUCTIONS:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 980017
98-0058

4a. Article Number 98-0058

Manuel Ruiz
10780 West Flagler Street, #14
Miami FL 33174-4403

4b. Insurance Type

Certified
 Insured
 COD

Receipt for Merchandise Delivery

4c. Addressee's Address (Only if requested and paid)

Thank you for using Return Receipt Services.

6. Signature: (Addressee or Agent)
X Manuel Ruiz

PS Form 3817, December 1984

Domestic Return Receipt

- ACK
- AFA
- APP
- CAF
- CMU
- CTR
- EAG
- LEG
- LIN
- OPC
- RCV
- SEC
- WAS
- OTH

DOCUMENT NO.
00753-98
02/27/88