

1786-PAA

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. Received by (Please Print Clearly)	B. Date of Delivery 10/2/00
1. Article Addressed to: <u>00963</u> Malecon Pharmacy, Inc. Gaston Redondo 5966 West 16th Avenue Hialeah FL 33012-6814	C. Signature <i>X Jones Deegan</i>	
2. Article Number (Copy from service label) <u>7000 0600 0026 4145 5624</u>	D. Is delivery address different from item 1? If YES, enter delivery address below: <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
PS Form 3811, July 1999	3. Service Type <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. 	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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 CAF _____
 CMP _____
 COM _____
 CTR _____
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FPSC-RECORDS/REPORTING