1784. PAA

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. Received by (Please Print Clearly) B. Date of Delivery 10-4-00 C. Signature X T GOV Agent Addressee D. Is delivery address different from item 1? Yes
Igor Davidovich 1451 Fawnwood Circle Sarasota FL 34232-5945	If YES, enter delivery address below: No No No Service Type Differified Mail
	Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 700 0 0 600 00 26 4145 6683	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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