

76527

ORIGINAL

001127-TC

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
	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Dobraski</i>	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Ralph Dobraski 1469 Young Avenue Clearwater FL 33756-3215</p>		
<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> D. <input type="checkbox"/> Restricted Delivery (extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Copy from service label) <i>7000 60000264145 5488</i>		

1794

- APP _____
- CAF _____
- CMF _____
- COMi _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC I
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

12930 OCT 10 8

FPSC-RECORDS/REPORTING