

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X Yus Cyalq - Agent B. Received by (Printed Name) VRis Ayalq. C. Date of Delivery
1. Article Addressed to: 070476	D. Is delivery address different from item 1?
Costamar Travel Cruise & Tours, Inc. 1421 East Oakland Park Blvd., #101 Ft. Lauderdale FL 33334-4434	
PSC-07-12e96- PAA-TI	3. Service Type         Certified Mail       Express Mail         Registered       Return Receipt for Merchandise         Insured Mail       C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7005 3110 0002 8806 5693	
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

08083 SEP-6 5

· 2.

FPSC-COMMISSION CLERK