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SEND Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to: ELLIOT KELS 2780 NE 183rd STREET # 610 NORTH MIAMI BEACH, FL 33160 2110		4. Article Number <u>78759</u>
5. Signature — Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X <i>Joe Behm</i>		Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery <u>5/6/91</u>		8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE

04512 MAY-8 1991

PSC-RECORDS/REPORTING