

ORIGINAL

**INSTRUCTIONS:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

981129

Magda Ferro  
19110 S.W. 177th Avenue  
Miami FL 33187-2004

4a. Article Number  
98 -

4b. Service Type

Certified  
 Insured  
 COD

Postage (Only if requested)

5. Original Recipient's Signature  
X *[Signature]*

PS Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- ELJ \_\_\_\_\_
- LIS \_\_\_\_\_
- QI \_\_\_\_\_
- SE   1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT SENT DATE  
14232 DEC 18 88