ORICINAL

2382

Complete items 1 and/or 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): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
U.S. Paytel Optima, L.L.C. Paul Joyce 11000 Prosperity Farms Road. #301 Palm Beach Gardens FL 33410-3462 and fee is particle Addressee or Agent) and fee is particle Addressee or Agent)	Certified Insured COD

AFA	
APP	
CAF	
CMU	
CTR	
EAG	
LEG	
MAS	
OPC .	-
RRR	
SEC	1
WAW	
OTH '	

DOCUMENT NUMBER-DATE

15250 DEC 14 8