

1780-PAA

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|---|--|
| <ul style="list-style-type: none"> <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. Received by (Please Print Clearly)   | B. Date of Delivery  |
| 1. Article Addressed to: 001002  | C. Signature<br>X <i>[Signature]</i>  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
|  | D. Is delivery address different from item 1?<br>If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Sandra Lee Salhani  
 Hassan Salhani  
 19734 Gulf Blvd.  
 Indian Shores FL 33785-2308

*[Handwritten mark]*

|  |
|--|
| <input type="checkbox"/> Express Mail                            |
| <input type="checkbox"/> Return Receipt for Merchandise          |
| <input type="checkbox"/> C.O.D.                                  |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |

2. Article Number (Copy from service label)  
 70000600002641456119

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

APP  
 OAF  
 CMP  
 COM  
 CTR  
 ECA  
 LEG  
 OPG  
 PAH  
 RGO  
 SEC  
 SER  
 OTH

DOCUMENT NUMBER-DATE  
 12596 OCT-48  
 FPSC-RECORDS/REPORTING