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090288-TI

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X. S. B. Rèceived by (Printed Name)	
Phone Miami and/or Phone Bolivia 8300 N.W. 53rd Street, #350		D. Is delivery address printerent from item 1? Yes If YES, enter delivery address below: No	
Miami FL 33166-7712		3. Service General Express Ma Registered Return Recur Insured Mail C.O.D.	il elpt for Merchandise
PSC-09-0364-PAR-TI	090288-TI	4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7006 081	0 0002 3487 6602	
PS Form 3811, February 2004	Domestic Retu	ım Receipt	102505-02-44-1540