ORIGINAL

010427-7

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
 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. 	C. Signatule Agent Addressee "ferent from item 1? Yes address below: No
El Toro Barber Shop	address below:
John C. Thomas 4208 N.W. 12th Street Lauderhill FL 33313-5817	010427-TC
	☐ Express Mail ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 41-	44 3157
PS Form 3811, July 1999 Domestic Řet	turn Receipt 102595-00-M-0952

PSC-01-1409-PAA-TC

APP CAF	parameter
CMP	
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