

Tipe .	1 A. A
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 mailplece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: AIRS ID# 90147 和 stC FIFTH AVENUE CLEANERS & SHIRT LAUNDRY	D. Is delivery address different from Item 1? \Box\text{Ves} If YES, enter delivery address below: CD No
211 Fifth Ave INDIALANTIC, FL 32903	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number / 7003/0500 000 H	
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540

7535		MAIL REC	CEIPT Coverage Provided)
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	Postage Certified Fee	\$	
1 0004	Return Reciept Fee (Endorsement Required)		Postmark Here
0200	Restricted Delivery Fee (Endorsement Required) AIRS ID# 9012	17 1stC	
FIFTH AVENUE CLEANED LAUNDRY L11 Fifth Ave			shirt
	INDIALANTIC		
	PS Form 3800 June 200	2	São Royarsa for Instructions