

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 Agent Addressee B. Received by (Printed Name) D. Is delivery address different from Item 1? If YES, enter delivery address below:	
1. Article Addressed to:			
ID# 350015 HITESH PATEL ALL STAR DRY CLEANERS 126 FLAGLER PLAZA DRIVE PALM COAST, FE 32157			
		3. Service Type Certifled Mall Express Registered Return R Insured Mail C.O.D.	Mail lecelpt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7003 22	260 0003 5651 175	55
PS Form 3811, August 2001	Domestic Retu	urn Receipt∕	102595-02-M-1540

ं ज़

U.S. Postal Service™ CERTIFIED MAIL RECEIPT S 75 (Domestic Mail Only; No Insurance Coverage Provided) $\overline{\Box}$ For delivery information visit our website at www.usps.com® 5651 Postage E000 Certified Fee Return Reclept Fee (Endorsement Required) **Restricted Delivery Fee** 2260 (Endorsement Required) ID# 350015 Tè HITESH PATEL 7003 Sei ALL STAR DRY CLEANERS 126 FLAGLER PLAZA DRIVE Sti PALM COAST, FL 32157 Cit See Reverse for Instructions PS Form 3800, June 2002