

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/i. O Agent Addressee B. Received by (Printed Name) C. Date of Delivery 3-4-0-5 D. Is delivery address different from item 12 Yes
AIRS ID#09100772 nd Cert 05 MAGIC TOUCH CLEANERS 327 E Racetrack Road FORT WALTON BEACH, FL 32548	D. Is delivery address different from item 1?
	3. Service Type
	4. Restricted Delivery? (Extra Fee) Yes
7004 2510 0002 3939	1025
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

