

USPS TRACKING#



NEW YORK, NY 100
 JUL 13 2015
 3:04 PM 5L

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

9590 9402 5531 9249 4796 37

United States
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

KAVEN TAYLOR
 290 BROADWAY - 11th FL
 NEW YORK, NY 10007



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Mv. Ashad Ajim
 A+I Developers INC.
 159-20 115th ROAD
 JAMAICA, NY 11434



9590 9402 5531 9249 4796 37

2. Article Number (Transfer from service label)

7018 1830 0000 9639 9390

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt