ENERGY	ABOUTE ECTION POD 14-04
∴ ∴ COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X White make Addressee  B. Received by (Printed Name)  C. Date of Delivery  7. 2.19
Waldemar Natalio Flores Flores Calle 4 B 20 Forest Hills Bayamón, PR 00959-5527	D. Is delivery address different from item 19.  Yes  If YES, enter delivery address below.  No
	3. Serioe Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7003 (Transfer from service label)	7F90 0000 2550 <b>7</b> 359
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540