

EMERGENCY

PSD 13-5-1209

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Martha G. Quiñones Domínguez
 P.O. Box 8054
 Arecibo, PR 00613

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Martha Quiñones
 C. Date of Delivery 29-Jul-14

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7008 3230 0000 9387 6286

RECEIVED
 U.S. E.P.S.
 JUL 29 11 06 AM '14
 APPEALS