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SENDER: 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> <li>1. Article Addressed to:</li> <li>Leonardo Ramos-Hernandez</li> <li>HC 4 Box 2925</li> <li>Barranquitas, PR 00794</li> </ul>	A. Signature  B. Received by (Printed Name)  CONALD AMOS  D. Is delivery addressed ifferent from item 1/2 Yes  If YES, enter delivery address below:  A Septice Type  Certified Mail  Registered  Insured Mail  Restricted Delivery  (Extreme)  Yes  Yes
2. Article Number (Transfer from service 7008 3230 00	00 9387 6279
Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540