FREELSY AUSUERS	PSD NG. 1305-13-09
TNDER: 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. J. Dornel With Marnel B. Received by (Printed Name) Oracion C. Date of Delivery 7.2.19
1. Article Addressed to:	D. Is delivery address dependent from item 1? Yes If YES, enter delivery address below: D No
Waldemar Natalio Flores Flores Forest Hills B 20, Calle 4 Bayamón, PR 00959-5527	APPEALS
	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7003	600 0000 5219 4033
De Form 2911 Fabruary 2004	Break to the second sec

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540