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2000	Return Repeipt Fee (Endorsement Required)			Postmark Here
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	Street, Apt. No.; or PO Box No. 33 City, State, ZIPp4	1166	- of we	rhey
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ı	PS Form 3800, August 20	06	Sce	Reverse for Instructions

■ 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:  Paco Succident Addressed to:	A. Signature    Agent   Addressee     B. Répetved by (Printed Name)   C. Date of Delivery     D. Is delivery address different from item 1?   Yes     If YES, enter delivery address below:   No	Delivere 1963
Walker Ca.	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
A Addis At	4. Restricted Delivery? (Extra Fee)	