SENDER: COMPLE	TE THIS SECTION	COMPLETE THIS SE	ECTION ON DELIVERY
 Item 4 if Restricted Print your name ar so that we can retu Attach this card to or on the front if sp Article Addressed to: 	2, and 3. Also complete I Delivery is desired. Ind address on the reverse furn the card to you. The back of the mailpiece, bace permits.	If YES, enter deliv	Agent Addresse Addresse C Date of Deliver C Date of Deliver 572.11 adfferent from item 1? Yes ery address below: No
Mr. Fred Stokes Custom Air LLC 4588 Hwy 397 P.O. Box 563	l	3. Service Type Dentified Mail Registered Insured Mail	Express Mall Return Receipt for Merchandise C.O.D.
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