

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

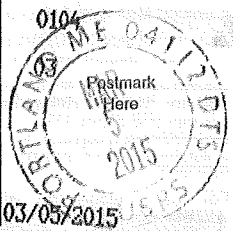
For delivery information visit our website at www.usps.com

NEW YORK NY 10034

OFFICIAL USE

1599 9ET9 2000 02PT 0100

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
032 I010 Total Postage & Fees	\$	\$6.49



Sent To **PALACCI SION**

Street, Apt. No., or PO Box No. **4761 BROADWAY**

City, State, ZIP+4 **NEW YORK NY 10034**

PS Form 3800, August 2006 See Reverse for Instructions

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:

PALACCI SION GP
4761 BROADWAY
NEW YORK NY 10034

RE: 032 I010
INSP

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature Agent Addressee
X Albert Palacci

B. Received by (Printed Name)

C. Date of Delivery
3-10-15

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

AL

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)

7010 1870 0002 8136 6851