

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

FORT LAUDERDALE FL 33301

Postage

\$10.44

Certified Fee

\$3.10

Return Receipt Fee
(Endorsement Required)

\$2.55

Restricted Delivery Fee
(Endorsement Required)

\$0.00

Total Postage & Fees

\$16.11

0104

Postmark
Here

08/13/2013

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

7012 0470 0002 1928 5334

Devlin Vincent L #1608
 2500 East Las Olas BLVD
 Fort Lauderdale FL 33301

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:

Devlin Vincent L
 2500 East Las Olas BLVD # 1608
 Fort Lauderdale, FL 33301

193 E006001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

I. Matsui

☐ Agent☐ Addressee

B. Received by (Printed Name)

IRA MATSUI

C. Date of Delivery

8/16/13

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒

Certified Mail

☐

Express Mail

☐

Registered

☐

Return Receipt for Merchandise

☐

Insured Mail

☐

C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7012 0470 0002 1928 5334

2. Article Number

(Transfer from service label)