

**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:

Hon. Carlos Molina  
Alcalde de Arecibo  
P.O. Box 1086  
Arecibo, PR 00613-1086

**COMPLETE THIS SECTION ON DELIVERY**

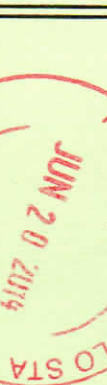
- A. Signature  
**X** *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

- 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

2. Article Number

(Transfer from service label)

7001 2510 0006 5509 7046

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**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.

Article Addressed to:

Hon. José Guillermo Rodríguez  
P.O. Box 447  
Mayaguez, PR 00681

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
**X** *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

*[Signature]*

C. Date of Delivery

- 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

2. Article Number

(Transfer from service label)

7001 0320 0005 7594 9338

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540