

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: 2:07cv411-WHA
Cumplismo 2007

Palisades Collection Agency
P.O. Box 1244
Englewoods Cliffs, NJ 07632

2. Article Number (Copy from sender)

PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>[Signature]</i>	B. Date of Delivery
C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Service Type

<input checked="" type="checkbox"/> Certified Mail	<input checked="" type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



7006 0100 0003 2054 7089

Domestic Return Receipt

DD-M-0952