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

MIAMI FL 33131

| | |
|---|---|
| Postage | $1.65 |
| Certified Fee | $2.65 |
| Return Receipt Fee (Endorsement Required) | $2.15 |
| Restricted Delivery Fee (Endorsement Required) | $0.00 |
| **Total Postage & Fees** | $ $6.45 |

FEB 2 Postmark Here

7001 0320 0004 3020 1441

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
PS Form 3800, Janu

Rally Manufacturing, Inc.
Kaplan, Abbey L.
201 S. Biscayne Blvd., Suite 1970
Miami, Florida 33131

**SENDER:**
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Rally Manufacturing, Inc.
Kaplan, Abbey L.
201 S. Biscayne Blvd., Suite 1970
Miami, Florida 33131

4a. Article Number
7001 0320 0004 3020 1441

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
FEB 25 2008

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Joel Rodriguez

MIAMI FL 33101

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt