

7015 1520 0002 4866 4436

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7015 1520 0002 4866 4436

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**U.S. Postal Service**  
**CERTIFIED MAIL** RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$

Return Receipt (electronic) \$

Certified Mail Restricted Delivery \$

Adult Signature Required \$

Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark  
Here

Sent To

LAW OFFICE OF CONTRERAS

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

2030 SOUTH DOUGLAS ROAD, #214

City, State, ZIP+4

CORAL GABLE, FL 33134

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

ROGERIO CHAVES SCOTTON  
D. RAY JAMES C.F.  
P.O. BOX 2000  
FOLKSTON GA 31537  
REG NO: 99370-004

TO: LAW OFFICE OF NEGRI, TORRES & CONTRERAS  
ATTN: KRISTIN CONTRERAS  
2030 SOUTH DOUGLAS ROAD, SUITE 214  
CORAL GABLES FL, 33134

LEGAL MAIL!!!