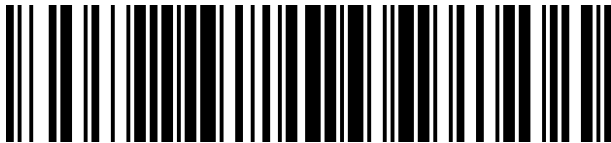


PLP: 0  
Pedido: 0

NF: 0

Peso (g): 20

TI 708 197 798 BR



Recebedor: \_\_\_\_\_

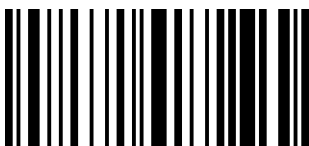
Assinatura: \_\_\_\_\_ Documento: \_\_\_\_\_

## DESTINATÁRIO



Nelson Mendes Jr.  
Rua Teste, 249  
Clínica Docvalle, Bairro Teste  
12282-220 Caçapava / SP

Obs.: Aviso de Recebimento  
Mão Própria  
Valor Declarado



**Remetente:** Gabriel Faglioni Mendes  
Rua Luis Vaz de Toledo Piza, 37  
Apto 32, Jardim Lutfalla  
13560-520 São Carlos / SP

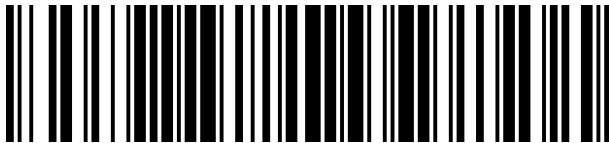


PLP: 0  
Pedido: 0

NF: 0

Peso (g): 20

TI 708 197 798 BR



Recebedor: \_\_\_\_\_

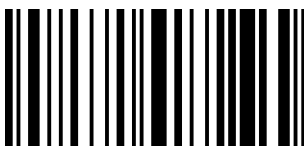
Assinatura: \_\_\_\_\_ Documento: \_\_\_\_\_

## DESTINATÁRIO

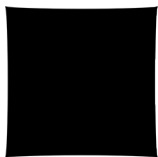


Nelson Mendes Jr.  
Rua Teste, 249  
Clínica Docvalle, Bairro Teste  
12282-220 Caçapava / SP

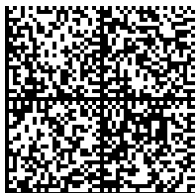
Obs.: Mão Própria



**Remetente:** Gabriel Faglioni Mendes  
Rua Luis Vaz de Toledo Piza, 37  
Apto 32, Jardim Lutfalla  
13560-520 São Carlos / SP



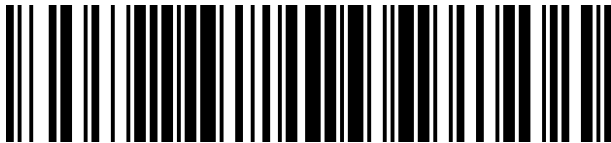
PLP: 0  
Pedido: 0



NF: 0

Peso (g): 20

TI 708 197 798 BR



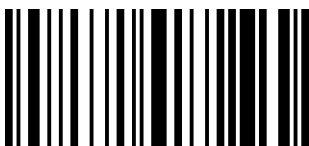
Recebedor: \_\_\_\_\_

Assinatura: \_\_\_\_\_ Documento: \_\_\_\_\_

## DESTINATÁRIO



Nelson Mendes Jr.  
Rua Teste, 249  
Clínica Docvalle, Bairro Teste  
12282-220 Caçapava / SP



**Remetente:** Gabriel Faglioni Mendes  
Rua Luis Vaz de Toledo Piza, 37  
Apto 32, Jardim Lutfalla  
13560-520 São Carlos / SP

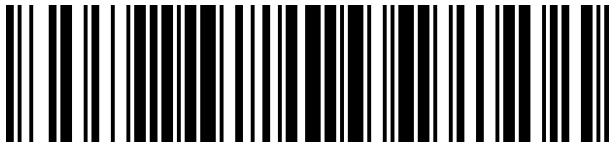


PLP: 0  
Pedido: 0

NF: 0

Peso (g): 20

TI 708 197 798 BR



Recebedor: \_\_\_\_\_

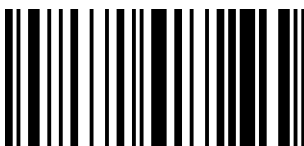
Assinatura: \_\_\_\_\_ Documento: \_\_\_\_\_

## DESTINATÁRIO



Nelson Mendes Jr.  
Rua Teste, 249  
Clínica Docvalle, Bairro Teste  
12282-220 Caçapava / SP

Obs.: Valor Declarado



**Remetente:** Gabriel Faglioni Mendes  
Rua Luis Vaz de Toledo Piza, 37  
Apto 32, Jardim Lutfalla  
13560-520 São Carlos / SP