


ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 11/14/2
<p>1. Article Addressed to:</p> <p>Colonial Systems, Inc. 308 Egret Lane Weston FL 33327-1110</p>	C. Signature X 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">020783-TC</p> <hr/> <p>Express Mail Return Receipt for Merchandise C.O.D. <input type="checkbox"/> (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424
<p>7002 0860 0001 1755 5357</p>		

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC /
- OTH _____

DOCUMENT NUMBER-DATE
12633 NOV 19 2001
EPSC-COMMISSION CLERK