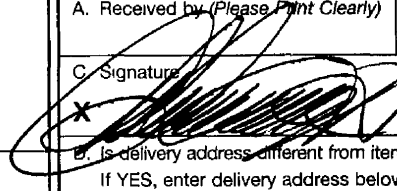


ORIGINAL

010285-TC

0819-EDF

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 envelope, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery 4-2-01
1. Article Addressed to:	C. Signature 	
	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No

SM 106 Ltd
 William M. Murphy
 4300 North University Drive, D-103
 Lauderhill FL 33351-6243

010285-TC

- Express Mail
 - Return Receipt for Merchandise
 - C.O.D.
- (Extra Fee) Yes

2. Article Number (Copy from service label)
 7000 0600 0026 -144 8923

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC I
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE
 04175 APR-40
 FPSC-RECORDS/REPORTING