

ORIGINAL

010411-TC

1409-PAA

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) <i>R. Robson</i>	B. Date of Delivery <i>7/10/01</i>
	C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes address below: <input checked="" type="checkbox"/> No	

Ravar, Inc.
 Richard Robson
 P. O. Box 601641
 North Miami Beach FL 33160-1641

010411-TC

Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0026 4144 3140

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

APP
 CAF
 CMP
 COM
 OTR
 ECR
 LEG
 CPC
 PAI
 RGO
 SEC
 SER
 OTH

DOCUMENT NUMBER-DATE

08673 JUL 17 01

FPSC-COMMISSION CLERK