

ORIGINAL

1493-FDF

SENDER: COMPLETE THIS SECTION

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1 address below: Yes No

C.Q. Communications
Corwin Querrey
360 Harvard Lane
Naples FL 34104-8799

Express Mail
 Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4144 3072

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC 1 _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

08942 JUL 23 8

FPSO-COMMISSION CLERK