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- 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.
- 1. Article Addressed to:

Parallel Foundation. Inc. Gordon T. Gattone 251 Creekside Drive St. Augustine FL 32086-5903

A.	. Received by (Please Print Clearly)	B. Date of Delivery
C.	. Signature	
x	•	☐ Agent
<u> </u>		☐ Addressee
D.	Is delivery address different from iter	n 1? 🛘 Yes
ı	If YES, enter delivery address below	v: 🗆 No
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<u> </u>		
3.	Service Type	

COMPLETE THIS SECTION ON DELIVERY

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Certified	٨

☐ Express Mail Registered ☐ Return Receipt for Merchandise

Insured Mail ☐ C.O.D.

Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

DOCUMENT NUMBER-DATE 10 9 $\boldsymbol{\omega}$ Ø g

FPSC-COMMISSION CLERK