

ORIGINAL

led on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

010695

4a. Article Number

7000 0600 0026 4144 6615

MCW COMMUNICATIONS
 Melissa A. Willis
 P. O. Box 690182
 Vero Beach FL 32966-1832

- Certified
- Insured
- Merchandise
- COD

10/31/07
 dress (Only if requested)

Is your RE

6. Signature: (Addressee or Agent)

X *Kristal Lopez*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- EGR _____
- LEG _____
- OPC _____
- PAI _____
- RGD _____
- SEC _____
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

13887 NOV-20

FPSC-COMMISSION CLERK

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