

ORIGINAL

RECEIVED-PPSC

03 OCT 13 AM 9:54

COMMISSION
CLERK

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)	B. Date of Delivery <i>10/13</i>
1. Article Addressed to: <i>030742</i>	C. Signature <i>[Signature]</i>	
FTF, Inc. 6923 Municipal Drive Orlando FL 32819-8333	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

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

2. Article Number (Transfer from service label) 7002 0860 0001 1755 6750

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC 1
OTH _____

DOCUMENT NUMBER-DATE

09961 OCT 13 8