

ORIGINAL

RECEIVED--FPSC

04 DEC 29 AM 10:07

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. 	<p>A. Received by (Please Print Clearly) <i>Marina Reyes</i> B. Date of Delivery <i>12-27-04</i></p> <p>C. Signature <i>X Marina Reyes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>041060</i></p> <p>Brothers Services Corporation 102 South 4th Street Immokalee FL 34142-3911</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7002 0860 0001 1750</i></p>
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	

PSC-04-1271-PAA-TE

CMP _____
 COM _____
 CTR _____
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 GCL _____
 OPC _____
 MMS _____
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 SEC 1
 OTH _____

DOCUMENT NUMBER-DATE

13590 DEC 29 04