

ORIGINAL

RECEIVED-PPSC

05 JAN 10 AM 11:09

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
	L. DeAugustino	1/8/05
	C. Signature	
	<i>L. DeAugustino</i>	
	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Addressee
1. Article Addressed to: 041020	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes	
	If YES, enter delivery address below: <input type="checkbox"/> No	
	4800 Ganymede Ct. Naples, FL 34105	
Ron Kain P. O. Box 110331 Naples FL 34108-0106	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7002 0860 0001 1/8 5682	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

PSC-04-1271-PAA-TC

DOCUMENT NUMBER-DATE
00302 JAN 10 05
FPSC-COMMISSION CLERK