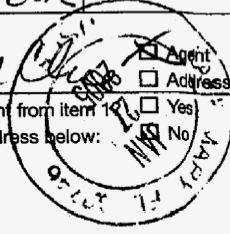


ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <u>MARIE DeLUKE</u> B. Date of Delivery</p>
<p>1. Article Addressed to: <u>040912</u></p> <p>Maxcess, Inc. Mr. Jim Marchant P. O. Box 951419 Lake Mary FL 32795-1419</p> <p><u>co-</u></p>	<p>C. Signature <u>x Marie DeLuxe</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> 
<p>2. Article Number (Transfer from service label) <u>7002 0860 0001 0758 5750</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SEC   |
- OTH \_\_\_\_\_

PS Form 3811, March 2001

Domestic Return Receipt

10259501-M-1424

PSC 04 277-CO TI

DOCUMENT NUMBER-DATE

01204 FEB-18

FPSC-COMMISSION CLERK