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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	₩ 90
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Received by (Please Print Clearly) B. Date of Delivery	NUMBER-DATE 9 JAN 31 %
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.	C. Signature X ☐ Agent ☐ Addressee	7 NEM
1. Article Addressed to: 050618	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	0.000000000000000000000000000000000000
1 Globson Inc. 2100 Sandens Road Surve 150	3. Service Type	20
PSC-06-0013-CO-TX	Certified Mail	
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes	
State of Florida PS Form 3811, March 2001 Doggestic Ret	0004 5751 0865 turn Receipt 102595-01-M-1424 04	7J82004 13 2
ic Service Commissic	2006	94.420
2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 7日日4 11日日 日日日4 5	751/0865 Mailed	/03/2006 From 32399 POSTAGE
A COURT	Name	
And Suite 150	1st Notice 2nd Notice Return	
		24
No such of cell 100 less and l	SOO NO 1 805 C OO O1 NOTIFY SENDER OF NEW ADDRESS GLOBCOM INC PO BOX 855	/07/05
	607-50055085656 ¥0687-21722	-09-97

