

ORIGINAL

RECEIVED-FPSC

06 JUL 17 AM 9:58

COMMISSION CLERK

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>	A. Received by (Please Print Clearly) <u>Hany Ayoub</u>	B. Date of Delivery <u>7/12/06</u>
1. Article Addressed to: <u>050956</u>	C. Signature <u>X Hany Ayoub</u>	
CariLink International, Inc. 9550 Bay Harbor Terrace, Suite 215 Bay Harbor Island FL 33154-2024	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<u>PSC-06-0597-PAA-TX</u>	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <u>7004 1160 0004 5751 4160</u>	
PS Form 3811, March 2001	Domestic Return Receipt <span style="float: right;">102595-01-M-1424</span>	

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

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