DOCUMENT NUMBER - DATE

202

CS SEP 18 AM 9: 24	COLERK	TT-01014090
		090

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>Article Addressed to: 060466.</li> </ul>	A. Signature  X □ Agent □ Addresses  B. Received by (Printed Name) □ C. Date of Delivery  D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
The Gulas Group 2. C. 2530 Kanavija Circle Birmi Gram, AL 35244-2235	3. Service Type  Certified Mail

And the second of the second o	Article Number (Transfer from service label)	7005 1160 0003 878	9 6755	AND THE PROPERTY OF THE PROPER
State of Florida	PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540	The second second
Public Service Con				5040
2540 Shumard Oak Boulev Tallahassee, Florida 32399-0	m u	1160 0003 8789 6755		08/15 Jupas Palmoreen 52000 US POSTAGE
(Cita	2530 Kana		\$ MM . S	
		n, AL 35244-2235 TRST NOTICE SECOND NOTICE	l. 72 i	
	NCLAIMED	RE URNED_	9-2	1/18/06
		(%) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		8/10/

O O

C R

OPC RCA SCR

8

SHC FI

\$6A