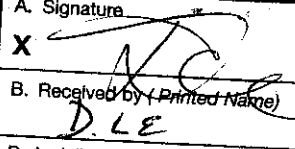


RECEIVED-FPSC

08 SEP 24 AM 9:40

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.		<p>A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
1. Article Addressed to: 080337		B. Received by (Printed Name) D. LE	C. Date of Delivery 9-23-08
Kim's Seafood Market 1590 Blountstown Street Tallahassee FL 32304-1117		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) PSC-08-0608-CO-TC		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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7006 2760 0003 8797 8925	

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

08977 SEP 24 8

FPSC-COMMISSION CLERK