

100407-TX

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<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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Future Generations Technology Inc. Angel Arias 17900 N.W. 5th Street, Suite 203 "C" Pembroke Pines FL 33029-2827	B. Received by (Printed Name) GEORGE R.	C. Date of Delivery 12-24-10
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter deliver address below: <input type="checkbox"/> No	
100407-TX PSC-10-0741, FOF, TX	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	
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Domestic Return Receipt		102595-02-M-1540

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