

1781

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. 	A. Received by (Please Print Clearly) <i>Shelli A. Field</i>	B. Date of Delivery <i>10/2/00</i>
1. Article Addressed to: <i>001149-TC</i> <div style="border: 1px solid black; padding: 5px;"> Bright Technologies, Inc. Joseph Passalacqua 6604 Harney Road, Suite E Tampa FL 33610-9424 </div>	C. Signature <input checked="" type="checkbox"/> <i>Shelli A. Field</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
2. Article Number (Copy from service label) <i>7000 0600 0026 4145 5716</i>	D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
PS Form 3811, July 1999	3. Service Type <input 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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC I
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

12658 OCT-58

FPSC-RECORDS/REPORTING