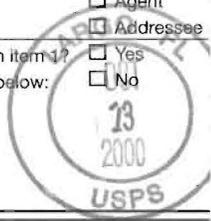


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
001016	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Global Paycom, Inc. Norman H. Farrow P. O. Box 2007 Largo FL 33779-2007	address below: <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



2. Article Number (Copy from service label)
 7000 0600 00264145 5365

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC 1
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE
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