

001481-TX

0569-PAA

SENDER: COMPLETE THIS SECTION

- 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.

1 Article Addressed to:

Take & Associates, Inc.
 P.O. Box 100
 8249 N.W. 14th Street
 Coral Springs FL 33071-6702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 _____ 3-14-01

C. Signature Agent
 X  Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

2. Article Number (Copy from service label)

7000 0600 0026 4144 8992

001481
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ADD _____
 DAF _____
 GMP _____
 OGM _____
 TR _____
 BOR _____
 LAG _____
 WFC _____
 MAI _____
 HGO _____
 PTC _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

03413 MAR 1901

FPSC-RECORDS/REPORTING