

ORIGINAL

010367-TC

1019-FDF

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to	Cheryl A Eldridge	4-27-01
<p>Bourbon House 2295 South U.S. Highway 1 Rockledge FL 32955-4911</p>	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Copy from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No	
7000 0600 0026 4199 3909	<p style="text-align: right;">010367-TC</p> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. Extra Fee) <input type="checkbox"/> Yes	

AEP \_\_\_\_\_  
 CUP \_\_\_\_\_  
 CME \_\_\_\_\_  
 COW \_\_\_\_\_  
 OTH \_\_\_\_\_  
 ECF \_\_\_\_\_  
 LES \_\_\_\_\_  
 OPC \_\_\_\_\_  
 PAI \_\_\_\_\_  
 RCO \_\_\_\_\_  
 SEC \_\_\_\_\_  
 SEP \_\_\_\_\_  
 OTH \_\_\_\_\_

DOCUMENT NUMBER DATE  
 05319 APR 30 01  
 FPSO-RE-...