

010917-74
ORIGINAL

2416-PAA

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

3. Article Addressed to: 010917 4a. Article Number 010917

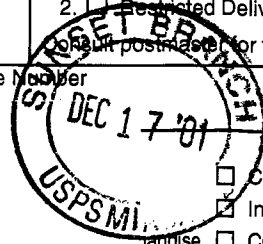
S.C.I.
P. O. Box 832588
Miami FL 33283-2588

Certified
 Insured
 COD

(Only if requested)

6. Signature: (Addressee or Agent)
X [Signature]

is your RETURN ADDRESS completed on the reverse side?



Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

- APP
- CAF
- CMP
- COM
- CTR
- ECR
- LEG
- OPC
- PAI
- RGO
- SEC
- SER
- OTLI

DOCUMENT NUMBER-DATE
16085 DEC 26 01
FPSC-COMMISSION CLERK