

ORIGINAL

**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: 050635  
 Atlas Communication Consultants  
 2048 S.W. 28th Terrace  
 Ft. Lauderdale FL 33312-4437

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) MAYRA LURIA B. Date of Delivery 10/22/02

C. Signature X *Mayra Luria*  Agent  Addressee

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

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



2. Article Number  
 (Transfer from service label)

7002 0860 0001 1755 4640

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

*PSC-02-1443-PAA-II*

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC + \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

11924 OCT 31 8

FPSC-COMMISSION CLERK