

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: 020686

Axsys, Inc./TEL PTNS
1101 Gulf Breeze Parkway
Gulf Breeze, FL 32501-4862

2. Article Number

(Transfer from service label)

7002 0860 0001 1755 4718

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

W. K. Kellars 11-4-02

C. Signature

W. K. Kellars 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

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC I _____
 OTH _____

DOCUMENT NUMBER-DATE

12176 NOV-6 02

FPSC-COMMISSION CLERK