

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: 021044

James M. Schubert
8145 South A1A
Melbourne Beach FL 32951-3916

2. Article Number
(Transfer from service label)

7002 0860 0001 1755 5395

PS Form 3811, March 2001

Domestic Return Receipt

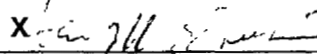
102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

11-20

C. Signature

X 

Agent
 Addressee

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

COMMERCIAL
MAIL PERMIT
NOV 25 2008

DOCUMENT NUMBER-DATE

12910 NOV 25 08

FPSC-COMMISSION CLERK