

# 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: **020812**

Catch 4 Communications  
380 S. 3rd Avenue  
South Bay FL 33493-2317

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Roger Healy** B. Date of Delivery **11 27 02**  
C. Signature **Roger Healy**  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

2. Article Number  
(Transfer from service label)

**7002 0860 0001 1755 6194**

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

AUS \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
OPC \_\_\_\_\_  
MMS \_\_\_\_\_  
SEC   1   \_\_\_\_\_  
OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

**13090 DEC-28**

FPSC-COMMISSION CLERK