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: 020790

Hitsu, Inc.
643 Stockton Street
Jacksonville FL 32204-3046

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* H PATEL

B. Date of Delivery 11/30/02

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

2. Article Number
(Transfer from service label) 7002 0860 0001 1755 6095

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

RECEIVED
FPSC-COMMISSION CLERK
DOCUMENT NUMBER-DATE
13183 DEC-3 02
FPSC-COMMISSION CLERK