

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: **020769**

Quality Marketing Group  
8325 Ehren Cutoff  
Land 'O Lakes FL 34639-7111

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **ROY HAGAN** B. Date of Delivery **30 DEC 2001**

C. Signature **[Signature]**  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 6019**

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

13521 DEC 11 2001

FPSC-COMMISSION CLERK