

# ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> <p>1. Article Addressed to: <b>020915</b></p> <p>S &amp; H Communications <del>1908 Emmett Street</del> Kissimmee FL 34741-5306</p>	<p>A. Received by (Please Print Clearly) <b>JULIE STANFIELD</b> B. Date of Delivery <b>12-19-02</b></p> <p>C. Signature <b>[Signature]</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <b>314 S CLYDE AVE KISS FL 34741-5618</b></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	<b>7002 0860 0001 1755 5753</b>

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

**13975 DEC 23 08**

FPSC-COMMISSION CLERK