

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. <p>1. Article Addressed to: 020800 020766</p> <p>Thomas Cameron 200 Curlew Street Ft. Myers Beach FL 33931-4408</p>	A. Received by (Please Print Clearly)	B. Date of Delivery 12/27/02
2. Article Number (Transfer from service label)	7002 0860 0001 1755 5869	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424
C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input 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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GOL _____
 OPC _____
 MMS _____
 SEC I
 OTH _____

DOCUMENT NUMBER - DATE
 14073 DEC 30 08
 FPSC-COMMISSION CLERK