

ORIGINAL

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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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: 030708	C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Fikrat Tahhan 320 Woodbine Street Jacksonville FL 32206-6344	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7002 0860 0001 1755 6743	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424

Express Mail
 Return Receipt for Merchandise
 C.O.D.
 Extra Fee) Yes

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 OPC _____
 MMS _____
 SEC 1
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10116 OCT 16 8

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