

ORIGINAL

RECEIVED-PPSC

NOV -3 AM 10:37

COMMISSION
CLERK

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: 030718 K.C.I. Original Inc. P. O. Box 513 Frostproof FL 33843-0513	A.Y. ELYAMAN	10/30/03
2. Article Number (Transfer from service label)	C. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	
	D. Is delivery address different from item 1? If YES, enter delivery address below:	
	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7002 0860 0001 1758 9970	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC _____
 OTH _____

DOCUMENT NUMBER-DATE

10878 NOV-3 8

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