

ORIGINAL

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03 NOV 17 AM 10: 57

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
<p>1. Article Addressed to: 030801</p> <p>T2TECINC 1215 West Newport Center Drive Deerfield Beach FL 33442-7738</p>	C. Signature X <i>E. ell.</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
(Transfer from service label)	<p>3. Service Type</p> <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.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7002 0860 0001 1758 6856	
	Domestic Return Receipt	
	102595-01-M-1424	

AUS _____
CAF _____
CMP _____
COM _____
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