

ORIGINAL

RECEIVED-FPSC

05 JAN 10 AM 11:09

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) <i>Ronnie Williams</i>	B. Date of Delivery <i>1-4-05</i>
1. Article Addressed to: <div style="text-align: center; font-size: 1.5em;">04 1019</div> <p>Visions Vending 8232 Northpointe Blvd. Pensacola FL 32514-6545</p> <p style="font-size: 1.2em;">PSC-041279-PAA-TC</p>	C. Signature <input checked="" type="checkbox"/> <i>Ronnie Williams</i>	
2. Article Number <small>(Transfer from service label)</small>	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 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 1844		

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

00301 JAN 10 05

FPSC-COMMISSION CLERK