

ORIGINAL

RECEIVED-FPSC

05 JAN 24 AM 11:19

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. 	<p>A. Received by (Please Print Clearly) <u>Martin</u> B. Date of Delivery <u>1/20/05</u></p>
<p>1. Article Addressed to: <u>040996</u></p>	<p>C. Signature <u>[Signature]</u></p> <p><input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p>
<p>Quality Wholesale Florist Supply, Inc. 1074 N.W. 50th Street Miami FL 33166-5634</p> <p><u>CO</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, March 2001</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7002 0860 0001 1759 7678</p> <p>Domestic Return Receipt 102595-01-M-1424</p>

PSC-05-6056-CO-TC

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

DOCUMENT NUMBER-DATE

00816 JAN 24 05

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