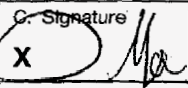


ORIGINAL

RECEIVED-FPSC

05 JAN 24 AM 11:20

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by <i>(Please Print Clearly)</i>	B. Date of Delivery
1. Article Addressed to: <p style="text-align: center;">041032</p> <p>All American Warrior Vending            2421 N.E. 2nd Avenue            Pompano Beach FL 33064-3838</p>	C. Signature 	
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
	7002 0860 0001 1759 7777	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-05-0056-CO-TC

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

DOCUMENT NUMBER-DATE

00819 JAN 24 18

FPSC-COMMISSION CLERK