

ORIGINAL

RECEIVED-FPSC

05 JAN 31 AM 10:52

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>B. Date of Delivery 1-26-05</p> <p>C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent</p>
<p>1. Article Addressed to: 041018</p> <p>J.C. Vending, Inc. 1441 N.E. 13th Avenue Ft. Lauderdale FL 33304-1336</p> <p>-CO-</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 0860 0001 1759 7995</p>

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

PSC-05-0082-CO-TC

DOCUMENT NUMBER-DATE

01064 JAN 31 05

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