

ORIGINAL

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

040912
 Maxcess, Inc.
 Mr. Jim Marchant
 P. O. Box 951419
 Lake Mary FL 32795-1419

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

MARIE SOLUVE 2/4/05

C. Signature

Marie Soluve

Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

Express Mail
Return Receipt for Merchandise
C.O.D.

4. Restricted Delivery (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7002 0860 0001 1755 7078

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- P _____
- M _____
- TR _____
- CR _____
- CL _____
- JPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

01375 FEB-7 05

FPSC-COMMISSION CLERK