

050696

ORIGINAL

RECEIVED-PPSC

05 DEC -1 AM 10:43

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>JERRY COLLINS</i>	B. Date of Delivery <i>11/28</i>
1. Article Addressed to: <i>050696 - dm</i> Coastal Connections P. O. Box 629 Jennings FL 32053-0629 <i>PAA</i>	C. Signature <input checked="" type="checkbox"/> <i>Jerry Collins</i>	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label)	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	
7004 1160 0004 5750 7469		

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-05-1157-PAA-TX

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

DOCUMENT NUMBER-DATE

11336 DEC-1 19