

ORIGINAL

RECEIVED- FPSC

05 DEC -9 AM 10: 28

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>Jill DeBonis</u> B. Date of Delivery <u>12-7-09</u></p> <p>C. Signature <u>Jill DeBonis</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <u>050680</u></p> <p><u>DeBonis Enterprises, Inc.</u> <u>1864 Jacobin Street, N.W.</u> <u>Palm Bay FL 32907-9426</u></p> <p><u>PAA</u></p>	<p>3. Service Type</p> <p><input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><u>7004 1160 0004 5750 7223</u></p>

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC 1

OTH _____

PSC-05-1198-PAA-TC

DOCUMENT NUMBER-DATE

11542 DEC-9 8

FPSC-COMMISSION CLERK