

ORIGINAL

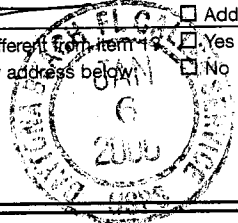
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06 JAN 10 AM 11:42

COMMISSION CLERK

050649-TC

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) A. PETERSON	B. Date of Delivery
1. Article Addressed to: 050649	C. Signature X Peterson	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Daytona International Speedway, Inc. 901 West International Speedway Blvd Daytona Beach FL 32114-1215	D. Is delivery address different from item 1? If YES, enter delivery address below	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PSC-06-0014-W-TC	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7004 1160 0004 5751 0872	



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

DOCUMENT NUMBER-DATE
00225 JAN 10 8
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