

ORIGINAL

RECEIVED-FPSC

05 APR -3 AM 11:28

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:  <p style="text-align: right;">050a54</p> <p>M. G. P.O. Box 592665 Miami FL 33159-2665</p> <p style="text-align: center;">PAA</p>	C. Signature  X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number	D. Is delivery address different from item 1? If YES, enter delivery address below:  <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">MAR 29 2006</div>	
(Transfer from service lab)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7004 1160 0004 5750 9623		
Domestic Return Receipt <span style="float: right;">102595-01-M-1424</span>		

PSC-06-0229-PAA-TX

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

DOCUMENT NUMBER-DATE

02939 APR -3 06

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