

ORIGINAL

RECEIVED-FPSC

06 JUL 26 AM 9:40

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. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:  <p style="text-align: center;">060468</p> <p style="text-align: center;">Trademark Corp. 8800 N.W. 23rd Street Doral FL 33172-2420</p> <p style="text-align: center;">PSC-06-0615 PAA-TI</p>	B. Received by (Printed Name)	C. Date of Delivery <p style="text-align: center;">7 Jul 06</p>
2. Article Number <i>(Transfer from service lab)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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	
2. Article Number <span style="float: right;">7004 1160 0004 5750 9012</span>		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

DOCUMENT NUMBER-DATE

06555 JUL 26 06

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