ORIGINAL

RECEIVED-FPSC

06 AUG 17 AM 9: 29

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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. 1. Article Addressed to: 060464 Royal American Hospitality. Inc. % Mr. Fred Foist	A. Signature X Agent Addressee B. Received by Printed Name) C. Date of Delivery 8/6/06 D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
9400 South Thomas Drive Panama City Beach, FL 32408-4213	3. Sprvice Type Certified Mail Registered Insured Mail C.O.D.
PSC-06-0703-CO-TS	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	1160 0004 5751 4221
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

COM	
CTR	
ECR	
GCL	
OPC	
RCA	
SCR	
SGA	
SEC	
отн	

CMP ____

DOCUMENT NUMBER-DATE 07389 AUG 17 8