

ORIGINAL

RECEIVED-FPSC

05 AUG 21 AM 11:16

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <u>060462</u> Cash America 640 East John Sims Parkway Niceville, FL 32578-2030	B. Received by (<i>Printed Name</i>) _____ C. Date of Delivery <u>8-17-06</u>
2. Article Number (<i>Transfer from service label</i>)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<u>PSC-06-0765-06-TX</u>	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.
7005 1160 0003 8789 5987	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

:MP _____
 :OM _____
 :TR _____
 :CR _____
 :CL _____
 :PC _____
 :CA _____
 :CR _____
 :GA _____
 :EC 1 _____
 :TH _____

DOCUMENT NUMBER-DATE

07491 AUG 21 06

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