

ORIGINAL

RECEIVED-PPSC

05 AUG 21 AM 11:17

COMMISSION  
CLERK

**SENDER: COMPLETE THIS SECTION**

- 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: 060469-TC

Duke Consultants  
1004 Bearss Avenue  
Tampa, FL 33613-1152

PSC-06-0695-CO-TC

2. Article Number  
(Transfer from service label)

7005 1160 0003 8789 5628

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X Don Duke  Agent  Addressee

B. Received by (Printed Name) Don Duke C. Date of Delivery 8-17-06

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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

DOCUMENT NUMBER-DATE

07542 AUG 21 08

PPSC-COMMISSION CLERK