

ORIGINAL

RECEIVED-FPSC

06 AUG 24 AM 8:54

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. <p>1. Article Addressed to: <u>060465-TL</u></p> <p>Holiday Inn Express Hotel and Suites 1230 Seaway Drive Ft. Pierce, FL 34949-3148</p> <p><u>PSC-06-0702-CO-TC</u></p>	<p>A. Signature * <u>Barbara Lopez</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>8/18/06</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <u>7005 1160 0003 8789 5437</u> (Transfer from service label)</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 RCA _____
 SCR _____
 SGA _____
 SEC 1 _____
 DTH _____

DOCUMENT NUMBER-DATE

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