

ORIGINAL

070383-TC

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.	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery
1. Article Addressed to: 070383-TC Trinity Holdings Ltd., Inc. 17369 Shirley Avenue Port Charlotte FL 33948-1637	B. Received by (Printed Name) Colleen K. ...	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if YES, enter delivery address below:
2. Article Number (Transfer from service label)	7005 3110 0002 8806 7079	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540
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		

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07 JUL 23 AM 9:30

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PAA Order PSC-07-0589-PAA-TC

DOCUMENT NUMBER-DATE

06201 JUL 23 5

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