

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Sender</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>070383-TC</i>	B. Received by ( <i>Printed Name</i> ) <i>SHERY WARRIGUS</i>	C. Date of Delivery <i>7/27</i>
Colon and Rectal Clinic of Orlando 110 West Underwood Street Orlando FL 33806-1132	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	i. 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	
	7005 3110 0002 8806 6881	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

RECEIVED-FPSC  
07 JUL 25 AM 10:18  
COMMISSION CLERK

PSC-07-0589-PAA-TC

DOCUMENT NUMBER-DATE  
06330 JUL 25 5  
FPSC-COMMISSION CLERK