

RECEIVED-FPSC

08 MAR 14 PM 4:44

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: 070655 -TX

Deland Actel, Inc.
P. O. Box 214369
South Daytona FL 32121-4369

PSC-08-0071-FAA-TX

2. Article Number 7006 0810 0002 3488 2238
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent
 Addressee
B. Received by (Printed Name) MINNIE BOWLES
C. Date of Delivery 02 14 2008
D. Delivery address different from item 1? Yes
If YES, enter delivery address below: No
FLORIDA \$00.00
MAILED FROM ZIP CODE 32302

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE
01934 MAR 14 8
FPSC-COMMISSION CLERK.