

RECEIVED-FPSC

08 JUN -5 AM 9: 21

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Write 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: 080209

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 [Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] 6-3-05

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

MDF Express
503 North Causeway, #501
New Smyrna Beach FL 32169-5249

PSC-08-0357-FOF-TC

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

Restricted Delivery? (Extra Fee) Yes

2. Article Number 7006 0810 0002 3488 2405
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

04780 JUN-5 2

FPSC-COMMISSION CLERK