

RECEIVED-FPSC

09 MAR -4 AM 10:39

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>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Date of Delivery 2/27/09</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">090013-TC</p> <p style="margin-left: 40px;">590 Petroleum Inc. Tony D. Khan 590 South State Road 7 Margate, FL 33068-1718</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">01520-09</p> <p style="text-align: center;">7006 0810 0002 3487 7470</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PSC-09-0112-FOF-TC

DOCUMENT NUMBER-DATE

01751 MAR-4 8

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