

RECEIVED-FPSC

09 JUN -2 AM 11:56

COMMISSION  
CLERK

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>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <input checked="" type="checkbox"/> Printed Name <i>L. Rodriguez</i> C. Date of Delivery <i>5/29/09</i></p>
1. Article Addressed to:  <p>Tycoon Oil Company 801 Brickell Avenue, Suite 900 Miami FL 33131-2979</p>	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)	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.
<i>PSC-09-0364-PAH-T1 090297-T1</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 0810 0002 3487 6695	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

05465 JUN-28

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