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COMMISSION
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100280-TC

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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X M. Jones</i>
Ameri Coin Communications, Inc. P. O. Box 951448 Lake Mary FL 32795-1448	B. Received by (Printed Name) _____ On Date of Delivery _____ <i>JUN 24 2010</i>
	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ <i>M. Jones</i>
100280-TC PSC-10-0394-PAA-TC	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	7006 2760 0003 8796 8506

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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5328 100280-TC
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