

RECEIVED-FPSC

10 JUL -6 AM 9:21

COMMISSION
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100231-TT

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> <i>Carrie Bred</i></p> <p>B. Received by (Printed Name) <i>Carrie Bred</i> C. Date of Delivery <i>7-1-10</i></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>CA Affinity % Compliance Solutions, Inc. 740 Florida Central Parkway, # 2028 Longwood FL 32750-7653</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>PSC-15-0411-CO-TT 100231-TT</i></p> <p>7006 2760 0003 8796 8766</p>

102595-02-M-1540

DOCUMENT NUMBER-DATE

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