

RECEIVED-PPSC

10 JUL 16 AM 8:59

COMMISSION  
CLERK

100278-TC

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"/> Addressee  <input type="checkbox"/> Agent  <i>X Donald Bennett</i></p> <p>B. Received by (Printed Name)  <i>Donald Bennett</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Empire Vending  700 N.W. 57th Place, Suite 5  Ft. Lauderdale FL 33309-2042</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</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><i>100278-TC PSC-10-0441-CO-TC</i></p> <p>7010 0780 0002 2866 7257</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT # MRCR - DATE

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PPSC-COMMISSION DELIVER