


RECEIVED-FPSC

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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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>MARY L BRISBELL</u> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>ProfitLab, Inc.</b>  <b>Building 5, Suite 400</b>  <b>80 International Drive</b>  <b>Greenville SC 29615-6943</b></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>2. Article Number (Transfer from service label)</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/></p>
<p>PS Form 3811, February 2004</p>	<p>7009 3410 0002 4112 5573</p> <p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>

110108 PSC-11-0248-CO-TR

DOCUMENT NUMBER-DATE

04097 JUN 15 =

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