

RECEIVED-FPSC

11 OCT -3 AM 10: 02

COMMISSION
CLERK

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 <i>x Michelle Kelley</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Buddy's Cafe Ralph Andrea, Owner 2431 Beach Court Riviera Beach, Florida 33404-4722	B. Received by (Printed Name) <i>Michelle Kelley</i>	C. Date of Delivery <i>9-21-11</i>
2. Article Number (Transfer from service label) <i>PSC-11-0416-CO-TC</i> <i>110247-TC</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7009 3410 0002 4112 7270	
102595-02-M-1540	102595-02-M-1540	

DOCUMENT NUMBER-DATE

07186 OCT-3 =

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