

RECEIVED-FPSC

12 AUG 20 AM 10: 01

COMMISSION  
CLERK

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 checked="" type="checkbox"/> Addressee  <i>Mary McCoy</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery            AUG 15 2012</p>
<p>1. Article Addressed to:</p> <p>Miami-Dade County Fair &amp; Exposition, Inc.            Jay Baum, Director of Finance &amp; Administration            10901 S.W. 24th Street            Miami FL, 33165-2398</p> <p>DKT. 120131-TC            PSC 12-0407-CO-TC</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>E. 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"/> Yes</p>
<p>2. Article Number            (Transfer from service label)</p>	<p>7010 0780 0002 0802 4544</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE  
05700 AUG 20 02  
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