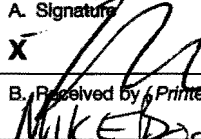


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FOR COMPLETION BY ADDRESSEE		FOR COMPLETION BY POST OFFICE	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p>	
<p>1. Article Addressed to: 120121-TX DN 03767-12</p> <p>MR MIKE BOGER O/B/O ADVANTAGE GROUP OF FL PO BOX 532 ARLINGTON TN 38002</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>MIKE BOGER</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>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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>7009 3410 0002 4113 1178</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102505-02-M-1840	

DOCUMENT NUMBER-DATE

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