

ORIGINAL

RECEIVED-FPSC

06 AUG 21 AM 11:16

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <u>060462</u> K. Kessler Inc. 4312 West Corona Street Tampa, FL 33629-7712	B. Received by (Printed Name) <u>K. Kessler</u> C. Date of Delivery
2. Article Number (Transfer from service label) <u>PSC-06-0705-CD-TX</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7005 1160 0003 8789 5994

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

IMP _____
 COM _____
 TR _____
 CR _____
 CL _____
 PC _____
 CA _____
 CR _____
 GA _____
 EC 1 _____
 TH _____

DOCUMENT NUMBER-DATE

07494 AUG 21 8

FPSC-COMMISSION CLERK