RECEIVED-FPSC 08 SEP -5 PH 1: 20 COMMISSION CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
 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. 		B. Received by (Prin	EY	Agent Addressee Date of Delivery
Article Addressed to:	080442	D. Is delivery address different from item 1? Ves If YES, enter delivery address below:		
Intelligence Network 1224 Rogers Street Clearwater FL 33756				
	_	3. Service Type Certified Mail Registered Insured Mail	Express Mail Return Receip	t for Merchandise
PSC-08-0562-PAA-TX		4. Restricted Deliver	/? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	· · · · · · · · · · · · · · · · · · ·	0003 8797	7652	
PS Form 3811, February 2004	Domestic Retu	rn Receipt		102595-02-M-1540

DOCUMENT NUMBER-DATE

08221 SEP-58