

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. 	A. Signature
1. Article Addressed to: 080364 Instatone Mr. Michael Servos P. O. Box 6434	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Clearwater FL 33758-6434	3. Service Type X Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
_PSC-08.0577-CO.TI	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7006 2760 (Transfer from service label)	003 8797 853L
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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