

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	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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