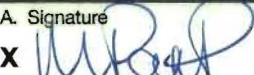


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return 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"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <u>120037-WS</u> <u>DNS 03802-12 and 04299-12</u>	B. Received by (<i>Printed Name</i>) <u>M. PARKS</u>	C. Date of Delivery
MARTIN S FRIEDMAN ESQUIRE SUNDSTROM FRIEDMAN & FUMERO 766 N SUN DR STE 4030 LAKE MARY FL 32746	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (<i>Transfer from service label</i>)	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7009 3410 0002 4113 1383	Domestic Return Receipt 102595-02-M-1540

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DOCUMENT NUMBER-DATE

00813 FEB 12 02

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