

RECEIVED-FPSC

09 SEP 14 PM 3:01

COMMISSION
CLERK

090187-TS

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"/> <i>S. Moore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>S. Moore</i>	C. Date of Delivery
Roberta L. Marcus, Inc.d/b/a The Marcus Centre Paul and Roberta Marcus 9990 SW 77th Avenue, Penthouse One Miami FL 33156	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter delivery address below:	
2. Article Number (Transfer from service label)	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	
	090187-TS PSC-09-0611-PAA-TS 7006 2760 0003 8795 2031	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

09489 SEP 14 8

FPSC-COMMISSION CLERK