1794-RAA

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. 	A. Received by (Please Print Clearly) B. Date of Delivery 10-12-00 C. Signature
 Attach this card to the back of the mailpiece, or on the front if space permits. 	X/m 1000my Addressee
Article Addressed to:	D. Is delivery address different from item 1?
Victory Financial Group, Inc. Tim Herrington	00 111 A
P. O. Box 48295 St. Petersburg FL 33743-8295	Express Mail Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 002 6 4145 539(
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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