001418-TX 0593-5C

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. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Address-se D. Its delivery/address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
First Touch, Inc. Michael Jackson 5340 Norwood Avenue Jacksonville FL 32208-5007	Express Mail Return Receipt for Merchandise C.O.D.
	tra Fee) Yes
2. Article Number (Copy from service label) 7000 0600 0026 4144 89	85
PS Form 3811, July 1999 Domestic R	Return Receipt 102595-99-M-1789

DOCUMENT NUMBER - DATE
03412 MAR 195
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