ORIGINAL

the second secon	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. As 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. Survival Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
090 344	
McDonald Communications 1355 W. Palmetto Park Road, Su Boca Raton FL 33486-3303	uite 331
Boca Raton PL 33400 0000	3. Service Type
	Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	
PS Form 3811. March 2001 Domestic Ref	turn Receipt 102595-01-M-1424

Consummating Order	PSC-04-0909-CO-
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DOCUMENT NUMBER-DATE 10311 SEP23 ま FPSC-COMMISSION CLERK