

ORIGINAL

SENDER: COMPLETE THIS SECTION

- 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.

Marriott Hotel Services, Inc.
 Director of Finance
 % Marriott Harbor Beach Resort & Spa
 3030 Holiday Drive
 Ft. Lauderdale FL 33316-2414

070383-TC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Date of Delivery

delivery address different from item 1? Yes
 YES, enter delivery address below: No

Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7005 3110 0002 8806 6959**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PSC-07-0589-PAA-TC

RECEIVED--FPSC
 07 JUL 25 AM 10:19
 COMMISSION
 CLERK

DOCUMENT NUMBER-DATE

06329 JUL 25 05

FPSC-COMMISSION CLERK