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07 SEP -4 AM 10: 33

COMMISSION CLERK

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 	A. Signature ☐ Agent ☐ Addressee
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.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: 070480	D. Is delivery address different from item 1? If YES, enter delivery address below: No
AS Systems Technology, Corp. 689 N.W. 130th Way	
Pembroke Pines FL 33028-3116 L OC-07-0696-PAA-TL	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
150 0 10 10 1111 12	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 0810 0002 3488 1989 (Transfer from service label)	
PS Form 3811. February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

DOCUMENT NUMBER - TATE

07947 SEP-45