## RECEIVED-FPSC 08 SEP -9 AM 11: 42

## COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: <b>OSO448</b> VGM International, Inc.  1111 Kane Concourse, Suite 518  Bay Harbor Island FL 33154-2043	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
	3. Service Type  ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
PSC-08-0568-PAA-TX  2. Article Number 7006 2760	0003 8797 7713
(Transfer from service label)	בבון ונום כמום
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

DOMEST A SERVICATE

8357 SEP-98