

RECEIVED-FPSC

13 JUN -7 AM 9:02

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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 of the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:  <b>13-0125-TC</b></p> <p>Agent Alliance Corporation  1829 Gadsen Blvd.  Orlando, FL 32812-8538</p> <p><b>PSC-B-0235-PAA-TC</b></p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery  <b>6-4-13</b></p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>7010 0780 0002 2867 9069</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Domestic Return Receipt</p>		<p>102595-02-M-1540</p>	

DOCUMENT NUMBER-DATE

03125 JUN-7 02

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