

ORIGINAL

RECEIVED-FPSC

05 JAN -5 AM 9:37

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		A. Received by (Please Print Clearly) B. Date of Delivery 12/30/04	
1. Article Addressed to: 041018 J.C. Vending, Inc. 1441 N.E. 13th Avenue Ft. Lauderdale FL 33304-1336 1279-PAA		C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" 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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7002 0860 0001 1755 6897	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

PSC-04-1279-PAA-TC

CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
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DOCUMENT NUMBER-DAT

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