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| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                |
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| <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 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 <input checked="" type="checkbox"/> Agent<br> <input type="checkbox"/> Addressee   |                                |
| 1. Article Addressed to: 070383  | B. Received by (Printed Name)<br>Tom Katsaris   | C. Date of Delivery<br>8-16-07 |
| Trinity Holdings Ltd., Inc.<br>17369 Shirley Avenue<br>Port Charlotte FL 33948-1637<br><br>PSC-07-0651-CO-TC   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                |
| 2. Article Number<br>(Transfer from service label)   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |                                |
|  | 7005 3110 0002 8806 5563  |                                |

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