

07 SEP -4 AH 10: 32

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Alsi item 4 if Restricted Delivery is 0 Print your name and address of so that we can return the card Attach this card to the back of or on the front if space permits 	desired. n the reverse to you. the mailpiece,	B. Received by (Printed Name) C. Date of	idressee Delivery
1. Article Addressed to: 02053	D. Is delivery address different from item 1? If YES, enter delivery address below:	-	
Gaedeke Holdings Ltd. Ms. Crystal Potter Northbridge Centre Executive Suites 515 North Flagler Drive, Suite 300-P • Type West Palm Beach FL 33401-4318 Begistered Insured Mail Express Mail Registered Insured Mail C.O.D.			
PSC- U7-U705-P	41-73	4. Restricted Delivery? (Extra Fee)	es
2. Article Number (Transfer from service label)	7006 08:	10 0002 3488 2023	
PS Form 3811, February 2004	Domestic Ret	turn Receipt 102595-	02-M-1540

DOCUMENT NUMBER - DATE

07941 SEP-45

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