

RECEIVED-FPSC

07 SEP 24 AM 9:58

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. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee X <i>Marie St Cap</i> B. Received by (Printed Name) C. Date of Delivery |
| 1. Article Addressed to: 070510 Accoustix 7966 N.W. 14th Street Miami FL 33126-1614 | 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. |
| 2. Article Number (Transfer from service _____) PSC-07-0738-W-TI 7006 2760 0003 8797 5696 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

08696 SEP 24 5

FPSC-COMMISSION CLERK