



**Signed Certified
Letter Card**

1727

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. <p>1. Article Addressed to:</p> <p><i>Mr. Scott H. Gentry, P.E. Kelly, Collins & Gentry, Inc. 1600 E. Robinson St., #1400 Orlando, FL 32803</i></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MISTAKENLY</i></p> <p>C. Date of Delivery <i>JAN 02 2003</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <i>PDS ALTAMONTE SVC. CTR.</i></p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7002 2410 0006 6217 2729</i> <i>12/23/02</i></p>
<p>PS Form 3811, August 2001 <i>RAIL</i> Domestic Return Receipt 102595-02-M-0835 <i>40-069-84016-1 college STATION CENTER</i> <i>A. Aboodi</i></p>	

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>MR. SCOTT M. GENTRY, P. E. Kelly, Collins & Gentry, Inc. 1600 EAST ROBINSON ST. #1400 ORLANDO, FL 32803</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>MISTRY 11 12 02</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>RECEIVED NOV 13 2002</p>
<p>2. Article Number (Transfer from service label) 7000 0600 0024 1459 5953 10/31/02</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail PDS <input type="checkbox"/> Registered ALAMO SVCS CTR. <input type="checkbox"/> Insured Mail RETURN RECEIPT FOR MERCHANDISE</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2001 RAIL Domestic Return Receipt 102595-02-M-0835 40-069-84016-1 College Station Center A. Aboudi</p>	

84016-1

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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>K Hartin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>K HARTIN</i></p> <p>C. Date of Delivery <i>9-6-02</i></p>
<p>1. Article Addressed to: <i>Mr. Scott M. Gentry, P.E.</i> <i>Kelly Collins + Gentry, Inc</i> <i>1600 E. Robinson St.</i> <i>Suite # 1400</i> <i>Orlando FL 32803</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>YES, enter delivery address below:</small></p> <p>RECEIVED SEP 09 2002 PDS ANTAMONTE SVC. CTR.</p> <p>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 checked="" type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <small>(Transfer from service label)</small> <i>7000-0600-0024-1159-6080</i></p>	<p><i>9-5-02</i></p>
<p>PS Form 3811, August 2001 Domestic Return Receipt • 102595-02-M-0735 <i>40-069-84016-1 © College Station Ctn</i> <i>A. Abardi</i></p>	