

TC06-213

7006 0100 0006 6762 7642

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

TC06-213

Sent To Jelliss LLC
 Street, Apt. No.,
 or PO Box No. 9093 Technology Dr Ste 104
 City, State, ZIP+4 Fishers, IN 46038

PS Form 3800, June 2002 See Reverse for Instructions.

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
Jelliss LLC
9093 Technology Dr
Ste 104
Fishers, IN
46038

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [Signature] Agent Addressee

B. Received by (Printed Name): MELISSA GARCIA C. Date of Delivery: 1-5-07

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type: TC06-213
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Description (If Restricted Delivery is required, this field is required.)
 102595-02/M-1540