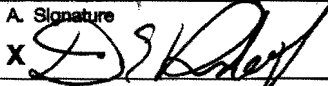


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SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature x  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 120084-WS - DN 03525-12 110153-SU - DN 06134-11 MARTIN FRIEDMAN ESQ CHRISTIAN MARCELLE SUNDSTROM LAW FIRM 766 N SUN DR STE 4030 LAKE MARY FL 32746	B. Received by (Printed Name) C. Date of Delivery Dana Rudolf 08/20/12
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7009 3410 0002 4113 1185

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1540

DOCUMENT NUMBER-DATE

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