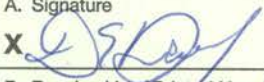


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14 DEC 22 AM 8:57

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"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 120161-WS DN 01926-14		B. Received by (Printed Name) Dana E Rudolf	C. Date of Delivery 12/14/14
MARTIN S FRIEDMAN ESQUIRE FRIEDMAN FRIEDMAN & LONG PA 766 N SUN DR STE 4030 LAKE MARY FL 32746		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 label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7011 3500 0001 5977 6888	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	