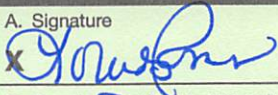
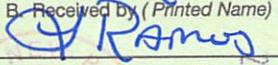


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		
	B. Received By (Printed Name) 	C. Date of Delivery	
	1. Article Addressed to: <i>Dht. 150236-601</i> <i>Document # 00104-14</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Mr. Troy Rendell Lake Idlewild Utility Company 4939 Cross Bayou Blvd. New Port Richey, Florida 34652-3434	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"/> COD		
2. Article N (Transfer)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
7015 1520 0002 5520 2676			
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540	

RECEIVED-PPSC
 SEP 21 AM 9:00
 NEW PORT RICHEY FL 34652

RECEIVED-PPSC
 2016 SEP 21 AM 10:29
 COMMISSION CLERK