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COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 Agent Addressee B. Beceived by (Printed Name) C. Date of Delivery
1. Article Addressed to: 070538	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Summit Executive Suites 13575 58th Street North, #200 Clearwater FL 33760-3741	
	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
PSC-07-0666-PAA-TI	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7006 2760 0003 8797 5092	
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540

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