


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: <u>120152-WS</u> <u>DNS 08348-12; 00234-13; 00458-13;</u> <u>00826-13</u> MARTIN S FRIEDMAN ESQUIRE SUNDSTROM FRIEDMAN & FUMERO LLP 766 N SUN DR STE 4030 LAKE MARY FL 32746	B. Received by (Printed Name) <u>Dana E. Rudolf</u>	C. Date of Delivery <u>8/12/13</u>
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 <hr/> 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7006 2760 0003 8795 1379	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVED-FPSC
 13 AUG 14 AM 9:45
 COMMISSION
 CLERK