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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"/> Agent <input type="checkbox"/> Addressee <i>M. Watson</i>	
	B. Received by (Printed Name) <i>M. Watson</i>	C. Date of Delivery
1. Article Addressed to: DN 01645-2016 20130259-6U Macfarlane Law Firm ATTN: Ansley Watson, Jr One Tampa City Center, Suite 2000 Tampa, FL 33602	D. Is delivery address different from item 1 address? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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	
	7015 1520 0002 5520 3178	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

