d d	COMMISSION CLERK		■ Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is described. Print your name and address or so that we can return the card to a Attach this card to the back of the or on the front if space permits.  1. Article Addressed to:  OV 100  th Line Pelephone Compast Third Street, # leah FL 33010-4969	desired. In the reverse to you. Ithe mailpiece,	A. Received by (Please F     C. Signature     X  D. Is delivery address different of the second	erent from item	B. Date of Delivery  Agent Addressee 1? Yes No		DOCUMENT NUMBER-CATE	00676 JAN208
			<b>1279 - PAA</b> 2. Article Number	TC	☐ Registered ☐ ☐ Insured Mail ☐ 4. Restricted Delivery? (E	C.O.D. xtra Fee)	ot for Merchandise			
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