DOCUMENT NUMBER - DATE

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COMMISSION CLERK

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Received by (Please Print Clearly) B. Date of Delivery		
Print your name and address on the reverse so that we can return the card to you.	C. Signature		
Attach this card to the back of the mailpiece,	X Agent		
or on the front if space permits.	Addressee		
Article Addressed to:	D. Is delivery address different from item 1? Yes		
050764	If YES, enter delivery address below: ☐ No		
Exacta Communications Inc.			

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	ATT TAKE	4. Restricted Delivery? (Extra Fee)	☐ Yes	Control of the second s
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2540 Shumard Oak Bouleve Tallahassee, Florida 32399-0	2850 ASTURN SCHOOL PROVIDENCE SHOOL PROVIDENCE SHOUL PROVIDENCE SHOOL PROVIDENCE SHOUL PR	munications Ind 13th Street 33172-2808		\$ 04.60 01/20/200 01/20/200 US POSTA