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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. 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
1. Article Addressed to: 130188. EM / Notice of Amended complaint	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Gainesville Regional Util./City of Gainesville P.O. Box 147117, Station A-138 Gainesville, Florida 32614-7117	3. Service Type
and a first state of the state	Registered Insured Mail C.O.D.
or many parts and will be a	4. Restricted Delivery? (Extra Fee)
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2. Article Number (Transfer from service label) 7006 2760	0003 8795 1768