

| 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee X  | |
| 1. Article Addressed to: DK: 1502105-TX DNS: 05834-15 # 00728-15 | B. Received by (Printed Name) <i>Wassiliana</i> | C. Date of Delivery |
| Ms. Sharon Thomas Technologies Management Inc. 2600 Maitland Center Parkway, Suite 300 Maitland FL 32751 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 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 | |
| 2. Article Number (Transfer from service label) | 7011 3500 0001 5977 7960 | |
| PS Form 3811, February 2004 | Domestic Return Receipt | 102595-02-M-1540 |

RECEIVED-FPSC
 2016 FEB 22 AM 9:33
 COMMISSION CLERK