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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	<b>V</b>
COMPLEASE	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X  B. Received by (Printed Name)  C. D	☐ Agent ☐ Addressee Date of Delivery ☐ Yes ☐ No
	P. Box 750981 Dayton OH 45475-0981  PSC-06-1019 - PAAM	3. Service Type  Certified Mail	
State of Florida  Jublic Service Com  2540 Shumard Oak Bouleva Tallahassee, Florida 32399-0	2. Article Number (Transfer from service label) 7004 3 PS Form 3811, February 2004 Domestic Roll 10004 5751 ard	140 0004 5751 3521 sturn Receipt 1	02595-02-M-1540

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