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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. Received by (Please Print Clearly) B. Date of Delivery
	C. Signature X
JOHN T BUTLER ESQ KENNETH M RUBIN ESQ FPL 700 UNIVERSE BLVD	D. Is delivery address different from item 1? If YES, enter delivery address below: No
	3. Service Type Certified Mail Registered Insured Mail C.O.D.
JUNO BEACH FL 33408-0420	4. Restricted Delivery? (Extra Fee)
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