

RECEIVED-FPSC

14 APR 28 AM 9:03

COMMISSION
CLERK

| 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 checked="" type="checkbox"/> <i>D. E. Rudolf</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: <i>120209-WS</i> <i>DN 04052-13</i> | B. Received by (Printed Name) <i>Dana E. Rudolf</i> | C. Date of Delivery <i>4/25/14</i> |
| <p>MARTIN S FRIEDMAN ESQUIRE FRIEDMAN FRIEDMAN & LONG PA 766 N SUN DR STE 4030 LAKE MARY FL 32746</p> | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) | 3. 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 | |
| | 7006 2760 0003 8795 1775 | |