

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 S Rudolf</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>00883-13: DN Dkt. 130211-WS</i>	B. Received by (<i>Printed Name</i>) <i>Dana Rudolf</i>	C. Date of Delivery <i>8/3/15</i>
Martin S. Friedman, Esquire Friedman Law Firm 766 North Sun Drive, Suite 4030 Lake Mary, FL 32746	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.	
PS Form 3811, February 2004	7006 0100 0003 1097 3485	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes

RECEIVED - FPSC
15 AUG -5 AM 9:20
COMMISSION CLERK