## REULIVEL-PSC SWISEF-7 PM 3: 22 COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</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 mailplece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>Dkt 20170000-OT</li> <li>DN 06427-2017</li> </ul> </li> </ul>	A. Signature  X
MR. FLOYD R. SELF BERGER SINGERMAN T-MOBILE 313 N. MONROE ST., STE 301 TALLAHASSEE, FL, 32301-7641	
9590 9402 6460 0346 1572 37  2. Article Number (Transfer from service label)	3. Service Type  □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Insured Mail □ Priority Mail Express® □ Registered Mail Restricted Delivery □ Signature Confirmation □ Signature Confirmation Restricted Delivery
7020 2450 0001 8211 3664 PS Form 3811, July 2020 PSN 7530-02-000-9053	Insured Meil Restricted Delivery (over \$500)  Domestic Return Receipt