


RECEIVED - FPSC

2021 SEP -7 PM 3: 22

COMMISSION
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ 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.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Ricardo Lattimore</i> <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>Docket 20170000-OT; 20180000-OT DN 04139-2017; 02766-2018</p> <p>MS. KIMBERLY GEUDER WEST SAFETY COMMUNICATIONS, INC. 151 SOUTHHALL LANE, SUITE 450 MAITLAND, FL, 32751</p>  <p>9590 9402 6460 0346 1570 77</p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>Ricardo Lattimore 8-27-21</i></p>
<p>2. Article Number (Transfer from service label) 7020 2450 0001 8211 3824</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>Domestic Return Receipt</p>