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<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.	A. Signature <input checked="" type="checkbox"/> <i>B. Keefe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>1. Article Addressed to:</p> <p>Dkt 2020000-OT; DNs 03181-2020</p> <p>MR. BILL. KEEFE ATLANTIC BROADBAND 151 SOUTHHALL LANE, STE. 450 MAITLAND, FL 32751</p>  <p>9590 9402 6460 0346 1562 30</p>	B. Received by (Printed Name) <i>J. Keefe</i> C. Date of Delivery <i>6/26</i>
<p>2. Article Number (Transfer from service label)</p> <p>7020 2450 0001 8211 4623</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)