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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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: Dkt 20220085-WS DN 05608-2022</p> <p>MR. MARTIN S. FRIEDMAN DEAN LAW FIRM REPRESENTS COBBLESTONE ILRVG d/b/a RIVER GROUP UTILITY 420 SOUTH ORANGE AVE, SUITE 700 ORLANDO, FL 32801</p>  <p>9590 9402 6460 0346 1527 06</p>	<p>B. Received by (Printed Name) <i>M.S.F.</i> C. Date of Delivery <i>1/30/23</i></p>
<p>2. Article Number (Transfer from service label) 7020 2450 0001 8211 2070</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"/> Insured Mail <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>