

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9790 1707 8967 98

Certified Mail Fee

\$ **\$3.45**

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ ~~\$2.80~~
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ **\$0.485**

Total Postage and Fees

\$ **\$6.735**



Sent To

**USAMERIBANK**  
**1125 EAST BAY DRIVE**

Street and Apt. No., or PO Box®

City, State, Zip+4®

Code: 2015-0189TD

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9790 1707 8968 04

**Certified Mail Fee**

\$ **\$3.45**

**Extra Services & Fees** (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ **\$2.80**
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

**Postage**

\$ **\$0.485**

**Total Postage and Fees**

\$ **\$6.735**



Sent To **BRIAN W DE VOE**  
**11 WOOD LN**

Street and Apt. No., or PO Box No. **MAYNARD, MA 01754**

City, State, Zip+4®

Code: 2015-0189TD

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**

*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9790 1707 8968 11

Certified Mail Fee

\$             
\$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ \$2.80
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage

\$ **0.485**

Total Postage and Fees

\$ **6.735**



Sent To

**BRIAN W DE VOE**  
**2029 S OVERVIEW DR**

Street and Apt. No., or PO Box No. **INVERNESS, FL 34461**

City, State, Zip+4®

Code: 2015-0189TD

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9790 1707 8968 28

Certified Mail Fee

\$ **\$3.45**

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ **\$2.80**
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ **\$0.485**

Total Postage and Fees

\$ **\$6.735**



Sent To

**BRIAN W DE VOE**  
**6104 E WILLOW ST**

Street and Apt. No., or P.O. Box

**PENSACOLA, FL 34452**

City, State, Zip+4®

Code: 2015-0189TD

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9290 1207 8922 69

**Certified Mail Fee**

\$ **3.45**

**Extra Services & Fees** (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ **2.80**
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

**Postage**

\$ **0.485**

**Total Postage and Fees**

\$ **6.735**



**Sent To** OCCUPANT  
11 WOOD LN

Street and Apt. No., or PO Box, RD, MA 01754

City, State, Zip+4®

Code: 2015-0189TD

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9790 1207 8972 76

Certified Mail Fee

\$ ~~3.45~~

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ ~~2.80~~
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ **\$0.485**

Total Postage and Fees

\$ **\$6.735**



Sent To

OCCUPANT  
2029 S OVERVIEW DR

Street and Apt. No., or P.O. Box

City, State, Zip+4®

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9790 1207 8972 83

Certified Mail Fee

\$ 3.45

Extra Services & Fees (check box, add fee as appropriate)

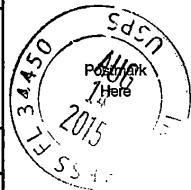
- Return Receipt (hardcopy) \$ 2.80
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ 0.485

Total Postage and Fees

\$ 6.735



Sent To

OCCUPANT  
6104 E WILLOW ST

Street and Apt. No., or P.O. BOX, FL 34452

City, State, Zip+4®

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9790 1207 8972 90

Certified Mail Fee

\$ **\$3.45**

Extra Services & Fees (check box, add fee as appropriate)

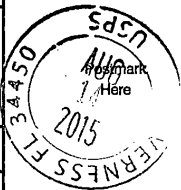
- Return Receipt (hardcopy) \$ ~~\$2.80~~
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ **\$0.485**

Total Postage and Fees

\$ **\$6.735**



Sent To

**FIRST FLORIDA BANK NA**  
**PO BOX 1599**

Street and Apt. No., or P.O. BOX, FL 34451

City, State, Zip+4®

Code: 2015-0189TD

**SENDER: COMPLETE THIS SECTION**

- 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.

**1. Article Addressed to:**

USAMERIBANK  
1125 EAST BAY DRIVE  
LARGO, FL 33770



9290 9969 0099 9707 8968 05

**2. Article Number (Transfer from service label)**

9214 7969 0099 9790 1707 8967 98

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

*Cultice*

- Agent  
 Addressee

**B. Received by (Printed Name)**

*Cultice*

**C. Date of Delivery**

*8/17/11*

- D. Is delivery address different from item 1?**  Yes  
If YES enter delivery address below:  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 type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |



**ANGELA VICK**

CLERK OF CIRCUIT COURT & COMPTROLLER  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

08/14/2015

**US POSTAGE**

**\$00.48<sup>5</sup>**



ZIP 34450  
011D11644143

*Handwritten initials: GTR*

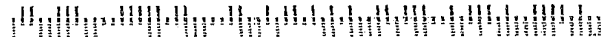
2015-0189TD  
BRIAN W DE VOE  
6104 E WILLOW ST  
INVERNESS, FL 34452

NIXIE 3ZZ FEB 1009 0008/18/15

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 34450429999 \*0538-05890-14-43

34450429999





**ANGELA VICK**

CLERK OF CIRCUIT COURT & COMPTROLLER  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

08/14/2015

**US POSTAGE**

**\$00.48<sup>5</sup>**



ZIP 34450  
011D11644143

2015-0189TD  
OCCUPANT  
2029 S OVERVIEW DR  
LECANTO, FL 34461

NIXIE

322 DE 1009

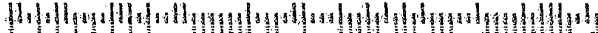
0008/18/15

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999

\*0538-05001-14-43

CLASSIFICATION





**ANGELA VICK**

CLERK OF CIRCUIT COURT & COMPTROLLER  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

08/14/2015

**US POSTAGE**

**\$00.48<sup>5</sup>**



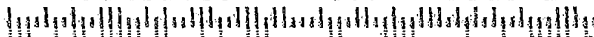
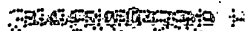
ZIP 34450  
011D11644143

2015-0189TD  
BRIAN W DE VOE  
2029 S OVERVIEW DR  
LECANTO, FL 34464

NIXIE 322 DE 1009 0008/18/15

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999 \*0538-05889-14-43





**ANGELA VICK**

CLERK OF CIRCUIT COURT & COMPTROLLER  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

08/14/2015

**US POSTAGE**

**\$00.48<sup>5</sup>**



ZIP 34450  
011D11644143

*AVK*

2015-0189TD  
OCCUPANT  
6104 E WILLOW ST  
INVERNESS, FL 34452

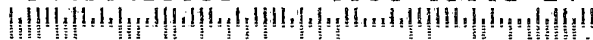
**AUG 20 15 10:13AM**

NIXIE 322 DE 1009 7208/18/15

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

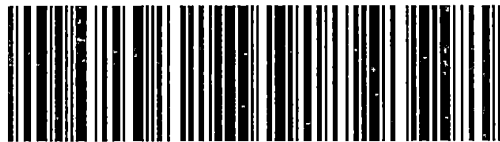
3445042999

BC: 3445042999 \*0538-05902-14-43





**ANGELA VICK**  
CLERK OF CIRCUIT COURT & COMPT.  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



9214 7969 0099 9790 1707 8972 90

FIRST FLORIDA BANK NA  
PO BOX 1599  
INVERNESS, FL 34451

NOT  
HERE / ST F 8/17

**CERTIFIED MAIL™**

Hasler

08/14/2015

**US POSTAGE**



FIRST-CLASS MAIL

**\$06.73<sup>5</sup>**

ZIP 34450  
011D11644143

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

FIRST FLORIDA BANK NA  
PO BOX 1599  
INVERNESS, FL 34451



9290 9969 0099 9707 8973 07

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1707 8972 90

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES enter delivery address below:  No

3. Service Type

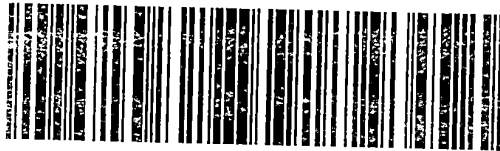
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Batch #: 318,314  
 Article #: 92147969009997901707897290  
 Date/Time:  
 Code: 2015-0189TD  
 Internal File #:  
 Internal Code:



**ANGELA VICK**  
 CLERK OF CIRCUIT COURT & COMPT  
 110 NORTH APOPKA AVENUE  
 INVERNESS, FLORIDA 34450-4299

**CERTIFIED MAIL™**



9214 7969 0099 9790 1707 8972 83

Hasler

FIRST-CLASS MAIL

08/14/2015

**US POSTAGE**

**\$06.73<sup>5</sup>**



ZIP 34450  
 011D11644143

*AK*

OCCUPANT  
 6104 E WILLOW ST  
 INVERNESS, FL 34452

AUG 20'15 10:31AM

NIXIE

322 DE 1009

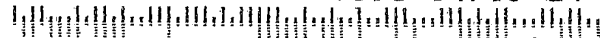
7208/18/15

RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD

BC: 34450429999

\*0538-04705-14-43

011D11644143



**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

OCCUPANT  
6104 E WILLOW ST  
INVERNESS, FL 34452



9290 9969 0099 9707 8972 91

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1707 8972 83

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES enter delivery address below:  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 type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Reorder Form LCD-811 rev. 05/15

Batch #: 315314

Article #: 92147969009997901707897283

Date/Time:

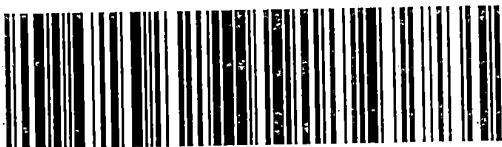
Code: 2015-0189TD

Internal File #:  
Internal Code:



**ANGELA VICK**  
CLERK OF CIRCUIT COURT & COMP  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299

**CERTIFIED MAIL™**



9214 7969 0099 9790 1707 8968 11

Hasler  
08/14/2015  
**US POSTAGE**

FIRST-CLASS MAIL  
**\$06.73<sup>5</sup>**



ZIP 34450  
011D11644143

BRIAN W DE VOE  
2029 S OVERVIEW DR  
LECANTO, FL 34461

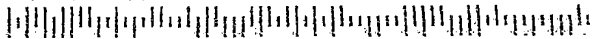
?

4/N 08/17/15  
8.24

NIXIE 322 DE 1009 0009/05/15

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 3445042999 \*0538-04701-14-43



3445042999

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES enter delivery address below:  No

1. Article Addressed to:

BRIAN W DE VOE  
2029 S OVERVIEW DR  
LECANTO, FL 34461



9290 9969 0099 9707 8968 29

2. Article Number (*Transfer from service label*)

9214 7969 0099 9790 1707 8968 11

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Internal File #:  
Internal Code:

Batch #: 318,314  
Article #: 92147969009997901707896811  
Date/Time:  
Code: 2015-0189TD



**ANGELA VICK**  
CLERK OF CIRCUIT COURT & COMP  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



9214 7969 0099 9790 1707 8972 76

OCCUPANT  
2029 S OVERVIEW DR  
LECANTO, FL 34461

2

Hasler

08/14/2015

**US POSTAGE**

FIRST-CLASS MAIL

**\$06.73<sup>5</sup>**



ZIP 34450  
011D11644143

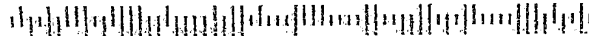
4  
N 08/17/15

4.11

NIXIE 322 DE 1000 0009/05/15

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 34450429999 \*0538-04704-14-43



3445042999

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- 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.

**1. Article Addressed to:**

OCCUPANT  
2029 S OVERVIEW DR  
LECANTO, FL 34461



9290 9969 0099 9707 8972 84

**2. Article Number (Transfer from service label)**

9214 7969 0099 9790 1707 8972 76

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

**X**

- Agent
- Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

- D. Is delivery address different from item 1?**  Yes  
If YES enter delivery address below:  No

**3. Service Type**

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Batch #: 318,314

Article #: 92147969009997901707897276

Date/Time:

Code: 2015-0189TD

Internal File #:  
Internal Code:

BC: 3445042999 \* 1369-10702-28-38

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

015 4E 1009 7209/28/15 MIXIE

UNC

69 2798 7071 0979 9900 4947 4724

OCCUPANT  
11 WOOD LN  
MAYNARD, MA 01754

*2/17/15*  
*9-17*  
*9-22*

0175432459 COM5

MAIL™  
344504299



Hasler

FIRST-CLASS MAIL

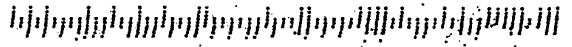
08/14/2015

US POSTAGE

\$06.73<sup>5</sup>



ZIP 34450  
011D11644143



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

- 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.

**1. Article Addressed to:**

OCCUPANT  
11 WOOD LN  
MAYNARD, MA 01754



9290 9969 0099 9707 8972 77

**2. Article Number (Transfer from service label)**

9214 7969 0099 9790 1707 8972 69

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**  
X  Agent  
 Addressee

**B. Received by (Printed Name)**

**C. Date of Delivery**

**D. Is delivery address different from item 1?**  Yes  
If YES enter delivery address below:  No

- 3. Service Type**
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Reorder Form LCD-818 rev. 05/15  
Batch #: 318,314  
Article #: 92147969009997901707897269  
Date/Time:  
Code: 2015-0189TD

Internal File #:  
Internal Code:



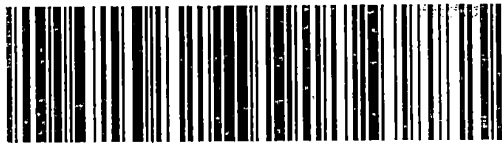
DNR

# ANGELA VICK

CLERK OF CIRCUIT COURT & COMP  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299

REGISTERED MAIL™

344504299 516



9214 7969 0099 9790 1707 8968 04

Hasler

FIRST-CLASS MAIL

08/14/2015

**US POSTAGE**

**\$06.73<sup>5</sup>**



ZIP 34450  
011D11644143

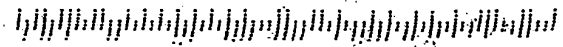
BRIAN W DE VOE

BC: 3445042999 \* 1369-10703-28-38

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

NIXIE 015 CE 1009 7289/28/15

500 9978245210




PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

BRIAN W DE VOE  
 11 WOOD LN  
 MAYNARD, MA 01754



9290 9969 0099 9707 8968 12

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1707 8968 04

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Reorder Form LCD-811 rev. 05/15

Batch #: 318,314  
 Article #: 921479690099979017078968804  
 Date/Time: Code: 2015-0189TD

Internal File #: Internal Code: