

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 1809 93

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

255 ALHAMBRA CIRCLE SUITE 325
Street and Apt. No., or PO Box No.
CORAL GABLES, FL 33134

City, State, Zip+4®

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 1810 06

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

75 ISLE OF VENICE

Street and Apt. No., or P.O. Box No.
FORT LAUDERDALE, FL 33301

City, State, Zip+4®

Code: 2015-0437TD

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 1810 13

Certified Mail Fee

\$ **\$3.45**

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

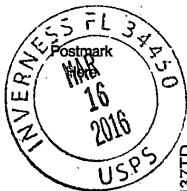
- Return Receipt (hardcopy) \$ **\$2.80**
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$ **\$0.485**

Total Postage and Fees

\$ **\$6.735**



Sent To

**THE FEDERAL DEPOSIT INSURANCE
CORPORATION**

Street and Apt. No., or PO Box No.

**AS RECEIVER FOR FLORIDA COMMUNITY BANK
550 17TH ST NW**

City, State, Zip+4®

WASHINGTON, DC, 204290002

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 1810 20

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

FLORIDA COMMUNITY BANK

1255 TAMiami TRAIL

Street and Apt. No., or PO Box No.

PORT CHARLOTTE, FL 339533814

City, State, Zip+4®

Code: 2015-04371D

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

For delivery information, visit our website at www.usps.com®

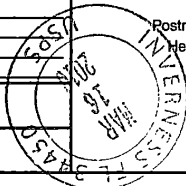
9214 7969 0099 9790 1717 1809 86

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 \$ _____



Postmark
Here

Postage

\$ **0.485**

Total Postage and Fees

\$ **6.735**

Sent To

OCCUPANT

13680 NW 5TH ST STE 100

Street and Apt. No., or PO Box No.
SUNRISE, FL 333256234

City, State, Zip+4®

Code: 2015-0437TD

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 1809 79

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 \$ _____

Postmark
Here

Postage

\$ **\$0.485**

Total Postage and Fees

\$ **\$6.735**

Sent To

BUILDERS PROPERTY GROUP LLC
REGISTERED AGENT JAY FERTIG

Street and Apt. No., or PO Box No. **C/O BAYSHORE LAND GROUP 75 ISLE OF**
VENICE

City, State, Zip+4® **FORT LAUDERDALE, FL 33301**

Code: 2015-0437TD

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 1809 62

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

BUILDERS PROPERTY GROUP LLC
255 ALHAMBRA CIRCLE SUITE 325

Street and Apt. No., or PO Box No.
CORAL GABLES, FL 33134

City, State, Zip+4®

Code: 2015-0437TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 1809 55

Certified Mail Fee

\$ **\$3.45**

Extra Services & Fees (check box, add fees 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

BUILDERS PROPERTY GROUP LLC

13680 NW 5TH ST STE 100

Street and Apt. No., or PO Box No.
SUNRISE, FL 333256234

City, State, Zip+4®

Code: 2015-0437TD

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1717 1809 48

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**

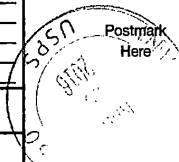
Sent To

CB INTERNATIONAL INVESTMENTS

PO BOX 643248

Street and Apt. No., or ~~PO Box No.~~
VERO BEACH, FL 329649950

City, State, Zip+4®



Code: 2015-0437TD

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.

I. Article Addressed to:

OCCUPANT
75 ISLE OF VENICE
FORT LAUDERDALE, FL 33301



9290 9969 0099 9717 1810 14

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 1810 06

PS Form 3811, April 2015 PSN 7530-02-000-9053

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) | |

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

Code: 2015-0437TD



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

**TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450**



9290 9969 0099 1971 7148 1014

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:

**BUILDERS PROPERTY GROUP LLC
 REGISTERED AGENT JAY FERTIG
 C/O BAYSHORE LAND GROUP 75 ISLE OF VENICE
 FORT LAUDERDALE, FL 33301**



9290 9969 0099 9717 1809 87

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 1809 79

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) | |

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

FL 331
MAR 16
PM 5 L
Code: 2015-0437TD

- Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9968 0089 9717 1808 87

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:

FLORIDA COMMUNITY BANK
1255 TAMiami TRAIL
PORT CHARLOTTE, FL 339533814



9290 4969 0099 9717 1810 33

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 1810 20

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

-
- 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) | |

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

Code: 2015-0437TD



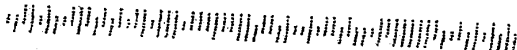
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9717 1810 38





ANGELA VICK

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

Hasler

FIRST-CLASS MAIL

03/16/2016

US POSTAGE

\$00.48⁵



ZIP 34450
011D11644143

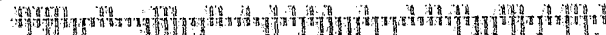
2015-0437TD
BUILDERS PROPERTY GROUP LLC
255 ALHAMBRA CIRCLE SUITE 325
CORAL GABLES, FL 33134

NIXIE 0000 OF 1 0000/20/15

RETURN TO SENDER
NOT DELIVERABLE BY ADDRESSEE
UNABLE TO FORWARD

0019427447000 344504299 *0500-10041-16-46

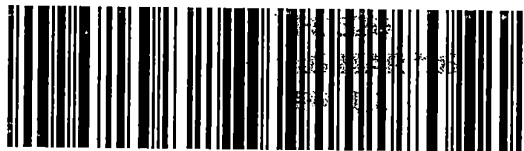
0019427447000
344504299





ANGELA VICK
CLERK OF CIRCUIT COURT & COM
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-42

JACKSONVILLE



9214 7969 0099 9790 1717 1809 62

Hasler

03/16/2016

US POSTAGE

FIRST-CLASS MAIL

\$06.73⁵



ZIP 34450
011D11644143

**BUILDERS PROPERTY GROUP LLC
255 ALHAMBRA CIRCLE SUITE 325
CORAL GABLES, FL 33134**

NIXIE 000 00 11 0000/20/16

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

EC: 34450429999 *1428-01859-16-45

0000000000

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:

BUILDERS PROPERTY GROUP LLC
255 ALHAMBRA CIRCLE SUITE 325
CORAL GABLES, FL 33134



9290 9969 0099 9217 1A09 70
2. Article Number (Transfer from service label)

9214 7969 0099 9290 1217 1A09 62

PS Form 3811, April 2015 PSN 7530-02-000-9053

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

Domestic Return Receipt

Batch #: 362,634
Article #: 92147969009997901717180962
Date/Time:
Code: 2015-0437TD

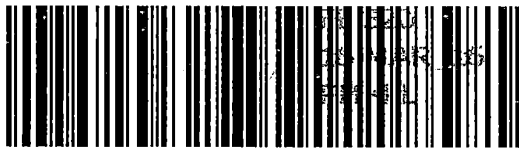
Internal File #:
Internal Code:

Reorder Form LCD-811 rev. 05/15



ANGELA VICK
 CLERK OF CIRCUIT COURT & CO
 110 NORTH AOPKA AVENUE
 INVERNESS, FLORIDA 34450-42

POSTNET



9214 7969 0099 9790 1717 1809 93

Hasler

03/16/2016

US POSTAGE

FIRST-CLASS MAIL

\$06.73⁵



ZIP 34450
 011D11644143

OCCUPANT
 255 ALHAMBRA CIRCLE SUITE 325
 CORAL GABLES, FL 33134

MI XIE 34450 0099 9790 1717 1809 93 0000/20/16

RETURN TO SENDER
 NOT DELIVERABLE AS ADDRESSED
 UNABLE TO FORWARD

BC: 34450 0099 9790 1717 1809 93 *1738-06067-16-45

34450 0099 9790 1717 1809 93



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
255 ALHAMBRA CIRCLE SUITE 325
CORAL GABLES, FL 33134



~~9290 9969 0099 9717 1810 07~~
2. Article Number (Transfer from service label)

~~9214 7969 0099 9790 1717 1809 93~~

PS Form 3811, April 2015 PSN 7530-02-000-9053

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) | |

Domestic Return Receipt

Batch #: 362,634
 Article #: 92147969009997901717180993
 Date/Time: Code: 2015-0437TD

Internal File #:
 Internal Code:

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:

CB INTERNATIONAL INVESTMENTS
 PO BOX 643248
 VERO BEACH, FL 329649950



9290 9969 0099 9217 1809 56

2. Article Number (Transfer from service label)

9214 7969 0099 9290 1717 1809 48

PS Form 3811, April 2015 PSN 7530-02-000-9053

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

643248

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) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- 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.

Article Addressed to:

OCCUPANT

13680 NW 5TH ST STE 100
SUNRISE, FL 333256234



9290 9969 0099 9717 1809 94

1. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 1809 84

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

-
- 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) | |

Domestic Return Receipt

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:

**BUILDERS PROPERTY GROUP LLC
13680 NW 5TH ST. STE 100
SUNRISE, FL 333256234**



9290 9969 0099 9717 1809 63

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1717 1809 55

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) | |