

FILE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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 X <i>Rae M. [Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Best Power LLC Jennifer O'Hara 330 W Bears Ave., Suite A Tampa, FL 33613 </div> <i>16-1, Au RPT</i>	B. Received by (Printed Name) _____ C. Date of Delivery <i>10/21/16</i>
2. Article Number <i>(transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center;"> 2016 OCT 21 DELIVERED P </div>
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7010 2780 0001 9375 3478	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician *[Signature]* Date Processed OCT 21 2016