

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.

FOND DE BLANC INC
 275 SW LOST RIVER RD
 STUART, FL 34997

SM 1204/2019 19-1505 CD 711 S OCEAN DR
 mailed: 17-Oct-2019

9590 9402 3963 8079 5433 28



2. Article Number (Transfer from service label)
 7019 0140 0000 3938 0122
 PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Billy Baker* Agent
 Addressee

B. Received by (Printed Name)
Billy Baker

C. Date of Delivery
01/23/19

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

01/23/2019

CITY OF STUART, FL 34997

3. **SECURITY RESPONSE**
- Priority Mail Express®
 - Registered Mail™
 - Adult Signature Restricted Delivery™
 - Registered Mail Restricted Delivery
 - Certified Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Collect on Delivery/Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted
 - Collect on Delivery/Restricted Delivery All Restricted Delivery

Domestic Return Receipt