

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. 	<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S. MARKER</i> C. Date of Delivery <i>2-17-14</i></p>
<p>1. Article Addressed to: <i>14-215 Lot</i> <i>Abaco Gold</i> <i>Angela Williamson</i> <i>John Korke</i> <i>420 Front Street</i> <i>Key West, Florida 33040</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7013 2630 0000 9565 2759</i></p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$ <i>48</i>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p style="font-weight: bold; color: red;">RECEIVED</p> <p style="font-size: 0.8em;">Processed Here</p> <p style="font-size: 1.2em;">FEB 17 2014</p> </div>
Certified Fee	<i>330</i>	
Return Receipt Fee (Endorsement Required)	<i>270</i>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <i>648</i>	

Sent To: *John Korke*
Abaco Gold, Angela Williamson
Street, Apt. No., or PO Box No.: *420 Front Street*
City, State, and ZIP+4: *Key West, Florida 33040*

PS Form 3800, August 2010 See Reverse for Instructions

7013 2630 0000 9565 2759