

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

7007 3020 0000 5347 9782

Landscape

Postage	\$ 46
Certified Fee	310
Return Receipt Fee (Endorsement Required)	255
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 611

RECEIVED
 Postmark Here
 APR 11 2011

Sent To
 Street, Apt. or PO Box #
 City, State, ZIP+4®

Miles and Katharine Prentice
 51 Sunset Key Drive
 Key West, Florida 33040

PS Form 3811, February 2004

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 <input checked="" type="checkbox"/> Nancy McCardell <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Nancy McCardell</p> <p>C. Date of Delivery 4-12-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Miles and Katharine Prentice 51 Sunset Key Drive Key West, Florida 33040</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>7007 3020 0000 5347 9782</p>

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

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OFFICIAL USE

Postage	\$ 46
Certified Fee	310
Return Receipt Fee (Endorsement Required)	255
Restricted Delivery Fee (Endorsement Required)	
Total Postage	611

RECEIVED
 Postmark Here
 APR 21 2013

LaChapel
 Ryon LaChapel
 Seatech of the Florida Keys
 830 Crane Blvd
 Sugarloaf Key, Florida 33042

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006

7007 3020 0000 5347 9799

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Ryon LaChapel Seatech of the Florida Keys 830 Crane Blvd Sugarloaf Key, Florida 33042</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>7007 3020 0000 5347 9799</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

7007 3020 0000 5347 9805 *Landscape*

Postage	\$ 96
Certified Fee	310
Return Receipt Fee (Endorsement Required)	255
Restricted Delivery Fee (Endorsement Required)	611
Total Postage	

RECEIVED
 APR 14 2015
 Postmark Here

Sent To
 Street, Apt. # or PO Box #
 City, State, Z

Timothy Trivett
 Organic Accents, Inc.
 PO Box 431602
 Big Pine Key, Florida 33043

PS Form 3800, August 2000

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Timothy Trivett
 Organic Accents, Inc.
 PO Box 431602
 Big Pine Key, Florida 33043

2. Article Number (Transfer from service label) 7007 3020 0000 5347 9805

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
[Signature]

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540