

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. <i>NOT HT</i> 		A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>14-215</i> <i>N.J. Key West, LLC</i> <i>Jennifer Luck c/o KRAFT PA</i> <i>934 N University Drive #250</i> <i>Conal Springs, FL 33071</i>		B. Received by (Printed Name) <i>D. Scott Kuppert</i>	C. Date of Delivery <i>2-13-14</i>
2. Article Number (Transfer from service label)		7013 2630 0000 9565 2742	
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>98</i>	RECEIVED Postmark Here FEB 12 2014
Certified Fee <i>330</i>	
Return Receipt Fee (Endorsement Required) <i>270</i>	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$ <i>698</i>	
Sent to <i>N.J. Key West LLC</i> Street, Apt. No., or PO Box No. <i>Jennifer Luck c/o KRAFT PA</i> <i>934 N University Drive #250</i> City, State, ZIP+4® <i>Conal Springs, Florida 33071</i>	
PS Form 3800, Aug. 2008 See Reverse for Instructions	

7013 2630 0000 9565 2742