

Signed Certified Letter Card 1727

RECEIPT surance Coverage Provided) ユ பு ш Postage m Cartified Fee ostmark Return Receipt Fee Here (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 2 Total Postage & Fees ____ 7 Recipient's Name (Please Print Clearly) (to be completed by mailer) meens Attn. David Makler, P. C. 7000 Street, Apt. No for PO Box No. N. Pub noon Street, Swite C City, State, ZIP+4 Orlando, FL 32801 PS Form 3800, February 2000 See Reverse for Instructions

| Certified Mail Provides: | | | |
|---|--|--|--|
| | A mailing receipt | | |
| ш | A unique identifier for your mailpiece | | |
| [5] | A signature upon delivery | | |
| 171 | A record of delivery kept by the Postal Service for two years | | |
| important Fieminclers: © Certified Mail may ONLY be combined with First-Class Mail or Priority Mail. | | | |
| \mathbb{E} | Certified Mail is not available for any class of international mail. | | |
| 13 | NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider insured or Registered Mail. | | |
| EE3 | For an additional fee, a <i>Return Receipt</i> may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required. | | |
| | For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery". | | |
| F3 | If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail. | | |
| IMPORTANT: Save this receipt and present it when making an inquiry. | | | |
| PS | Form 3800, February 2000 (<i>Reverse</i>) 102595-99-M-2087 | | |
| | | | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|---|---|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | A. Received by (Please Print Clearly) B. Date of Delivery | | |
| 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, | C. Signature ☐ Agent | | |
| or on the front if space permits. | Addressee Addressee | | |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No | | |
| CPH Engineers, Inc. | GB 9/1 | | |
| CPH Engineers, Inc. attn. David mahler, P.E. | | | |
| 1117 N. Robinson St., Suitec | | | |
| Orlando, FL | 3. Service Type Certified Mail □ Express Mail | | |
| 32801 (P) | Registered Return Receipt for Merchandise C.O.D. | | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | |
| 2. Article Number (Copy from service label) | | | |
| 7000 1670 0000 3793 1154 | | | |
| PS Form 3811, July 1999 Domestic Ret | | | |
| 4-069-19339-4 Greater Pines K. Ottesen | | | |

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

St. Johns River Water Management District
618 E. South Street, Suite 200
Orlando, Florida 3286 CELVE

Taillantillantillaan Halatatalahadadahaldan iitti

