

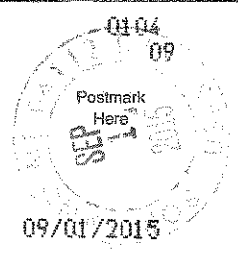
U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7010 1870 0002 8136 8237

For delivery information visit our website at [www.usps.com](http://www.usps.com)

FORT LAUDERDALE FL 33301

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.74



Sent to **REBECO LLC**  
 Street, Apt. No., or PO Box No. **888 E LAS OLAS BLVD STE 210**  
 City, State, ZIP+4 **FT LAUDERDALE FL 33301**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**REBECO LLC**  
**888 E LAS OLAS BLVD STE 210**  
**FT LAUDERDALE FL 33301**  
  
**RE: 028 I005**  
**INSP: 96 FEDERAL ST**

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name)  Agent  Addressee  
 C. Date of Delivery **9/3/15**

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

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