SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- 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:
ANTHONY PRISCIANDARO, TRUSTEE OF THE ANS OF FLORIDA TRUST
DATED SEPTEMBER 19, 2022
13330 W. COLONIAL DRIVE, UNIT 110
WINTER GARDEN, FL 34787

9590 9402 5314 9154 1018 02

2. Article Number *(Transfer from service label)*
7112 0170 6470 0232 0166

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☑ Addressee

B. Received by *(Printed Name)*: Chelsea Pattillo
C. Date of Delivery: 9/4/26

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

3169-2024 #2 10142026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- 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:
AAHS OF FLORIDA TRUST
13330 W COLONIAL DR, STE 110
WINTER GARDEN, FL 34787 3976

9590 9402 5314 9154 1017 34

2. Article Number *(Transfer from service label)*
7112 0170 6470 0232 0227

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☑ Addressee

B. Received by *(Printed Name)* Chelsea Patillo
C. Date of Delivery 9/4/26

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

3169-2024 #8 10142026

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

LEGAL COUNSEL PA
O/B/O AAHS OF FLORIDA TRUST
ATTN: DIGLIO-BENKIRAN, MICHELE - RA, 13330 WEST COLONIAL DRIVE UNIT 110
WINTER GARDEN, FL 34787

9590 9402 5314 9154 1017 41

2. Article Number *(Transfer from service label)*

7112 0170 6470 0232 0357

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Chelsea Pattillo

C. Date of Delivery 9/4/26

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

3169-2024 #14 10142026

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt