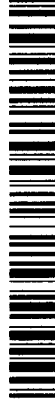


SENDER: COMPLETE THIS SECTION

- 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:

PBC CLERK OF THE CIRCUIT COURT & COURT REPORTER
SUPERVISOR/MANAGER CHILD SUPPORT UFG
205 N DIXIE HWY, ROOM 3.22
WEST PALM BEACH, FL 33401



9590 9402 4100 8092 3112 14

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4607

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Addressee

B. Received by Printed Name

Chris Marcello

C. Date of Delivery

10-9-26

D. Is delivery address different from item 1? ☐ Yes

☐ No

17719-2024 #11 11182026

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

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:

PALM BEACH COUNTY
PALM BEACH COUNTY ADMINISTRATIVE COMPLEX
PALM BEACH COUNTY, FL 33401



9590 9402 4100 8092 3112 38

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4584

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/10/26

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

17719-2024 #9 11182026

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

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:

CITY OF RIVIERA BEACH
P.O. DRAWER 10682
RIVIERA BEACH, FL 33404



9590 9402 4100 8092 3111 53

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4669

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]
☒ Agent
☐ Addressee

B. Received by (Printed Name)

[Signature]
C. Date of Delivery
11/11/2024

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

17719-2024 #17 11182026

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

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:

CITY OF RIVIERA BEACH
600 W. BLUE HERON BLVD.
RIVIERA BEACH, FL 33404



9590 9402 4100 8092 3111 84

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4638

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Dante Wright ☐ Agent

☐ Addressee

B. Received by (Printed Name)

Dante Wright C. Date of Delivery

07/13/2024 ☐ Yes

D. Is delivery address different from item 1? ☐ No

If YES, enter delivery address below:

17719-2024 #14 11182026

3. Service Type

☐ Adult Signature ☐ Priority Mail Express

☐ Adult Signature Restricted Delivery ☐ Registered Mail™

☐ Certified Mail® ☐ Registered Mail Restricted Delivery

☐ Collect on Delivery ☐ Return Receipt for Merchandise

☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™

☐ Insured Mail ☐ Signature Confirmation Restricted Delivery

☐ Insured Mail Restricted Delivery (over \$500)

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:

DEPARTMENT OF THE TREASURY-I.R.S.
BALTIMORE, MD 21201



9590 9402 4100 8092 3236 20

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4652

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

GLOWSKI

C. Date of Delivery

10/13/26

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

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

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:

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
TALLAHASSEE, FL 32399



9590 9402 4100 8092 3112 21

2. Article Number (Transfer from service label)

7112 0170 6470 0232 4591

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

COMPLETE THIS SECTION FOR DELIVERY

A. Signature

X Willis Clark ☐ Agent ☐ Addressee

B. Received by WILLIS CLARK Date of Delivery 07/17/2024

DEPARTMENT OF FINANCIAL SERVICES

D. Is delivery address restricted? ☐ Yes ☐ No
If YES, enter delivery address below:

17719-2024 #10 11182026

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

Domestic Return Receipt