

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature  
 X Candie Murphy  Agent  Addressee

B. Received by (Printed Name) Candie Murphy

C. Date of Delivery 8-6-15

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

1. Article Addressed to:

SUMTER ELECTRIC COOPERATIVE, INC  
 C/O JAMES P DUNCAN  
 330 SOUTH U.S. HIGHWAY 301  
 SUMTERVILLE, FL 33585



9590 9401 0070 5071 9341 08

2. Article Number (Transfer from service label)

7015 0640 0006 9534 2631

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

UNITED STATES POSTAL SERVICE



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

DAVID R. ELLSPERMANN  
CLERK OF THE CIRCUIT COURT  
P.O. BOX 1030  
OCALA, FL 34478-1030

in this box<sup>o</sup>

15-2285-SC

USPS TRACKING#



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