

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Mr. Thomas Biddix  
BLC Management, LLC dba Angles  
Communications Systems  
100 North Harbor City Blvd.  
Melbourne, FL 32935

**COMPLETE THIS SECTION ON DELIVERY**

10-00008

A. Signature

*Mr. Thomas Biddix*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

11-2-12

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7010 3090 0003 3553 6212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540