

7013 2630 0000 0692 ET02

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Postage	\$	\$2.66
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Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.66

Sent To
 Broward County Sheriff
 Street, Apt. No. 2421 NW 16th Street
 or PO Box No.
 City, State, ZIP+4 Pompano Beach FL 33069
 PS Form 3800, August 2006 See Reverse for Instructions

2576 6251 0000 0692 ET02

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Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.66

Sent To
 Pompano Beach Fire
 Street, Apt. No. 120 S.W. 3rd Street
 or PO Box No.
 City, State, ZIP+4 Pompano Beach FL 33060
 PS Form 3800, August 2006 See Reverse for Instructions

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Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.66

Sent To
 SWS Environmental
 Street, Apt. No. 600 Grand Panama Blvd
 or PO Box No.
 City, State, ZIP+4 Panama City Beach FL 32409
 PS Form 3800, August 2006 See Reverse for Instructions

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Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$8.66

Sent To
 Broward Health Medical Ctr
 Street, Apt. No. 1600 S. Andrews Ave.
 or PO Box No.
 City, State, ZIP+4 Ft. Lauderdale FL 33316
 PS Form 3800, August 2006 See Reverse for Instructions