	1042
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Study Agent Addressee B. Received by (Printed Name) C. Date of Delivery In-1-17 D. Is delivery address different from item 12 Yes
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Michael Thrasher Corporate Environmental Mar Gardner-Fields, Inc. 416 East 7th Avenue Tampa, Florida 33605	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	2970 0000 0880 7457