	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	· · · · · · · · · · · · · · · · · · ·
×ION ×	 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. Received by (Please Print Clearly) B. Date of Deliver C. Signature Agent Addresse D. Is delivery address different from item 12 Yes	INTERPLEMENTER OF STEPHINESTON CLERK
CUMMISSION	1 Article Addressed to: OCI OG998 Mr. Tracy Frederick 3530 Forest Lane, Suite 200 Dallas TX 75234-7933	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Septice Type	DOCUMENT NUMBER-DATE 13290 DEC 20 \$ FPSG-COMMISSION CLERK
		■ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandis □ Insured Mail □ C.O.D.	e
	10 avg	4. Restricted Delivery? (Extra Fee) ☐ Yes	Balanca and these absorbers were recorded that the section of the
	2. Article Number (Transfer from service label)	15 09PO 0007 7429 557P	
State of Florida	PS Form 3811, March 2001 Domestic	Return Receipt 102595-01-M-14	24
Public Service Con	ımission IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
2540 Shumard Oak Boulev			
Tallahassee, Florida 22399-0	1850 YUUE UBBU 1	0001 1758 2216	
/ , &			MacSport
	OCI		-
	Mr. Tracy Frederick 3530 Forest Lane, Suite 200 Dallas TX 75234-7933		047J8200 \$ 04.6 12/03/20 Malled From 3
			7.5075
) -(IXIE 752 1 10 1	.2/13/04
		RETURN TO SENDER INSUFFICIENT ADDRESS UNABLE TO FORWARD	
	E	00: 92999701940 *0898-0999	94-03-41
	75 98299770391	Haladdhiaadhaladadhaadhlaaladh	iin 11

COM
CTR
ECR
GCL
OPC
MMS
RCA
SCR
SEC
OTH