

RECEIVED-FPSC

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COMMISSION
CLERK

090233-TC

| SENDER COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature X <i>Beuford B. Wentworth</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Beuford B. Wentworth</i> C. Date of Delivery <i>6-10-07</i></p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Beuford B. Wentworth 12609 Condor Drive Jacksonville FL 32223-2715</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (<i>Transfer from service label</i>)</p> | <p><i>PSC-09-0406-00-TC</i> <i>090233-TC</i></p> <p style="text-align: center;">7006 0810 0002 3487 7265</p> |
| <p>PS Form 3811, February 2004</p> | <p style="text-align: center;">Domestic Return Receipt</p> <p style="text-align: right;">102595-02-M-1540</p> |

DOCUMENT NUMBER-DATE

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