


RECEIVED-FPSC

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COMMISSION
CLERK

| 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  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) S. SCOTT</p> <p>C. Date of Delivery FEB 8 2012</p> |
| <p>1. Article Addressed to: 120003-GU OS023-11</p> <p>ANSLEY WATSON JR ESQUIRE MACFARLANE LAW FIRM ONE TAMPA CITY CENTER 201 N FRANKLIN ST STE 2000 TAMPA FL 33602</p> | <p>D. Is delivery address different from item 1? If YES, enter delivery address below <input type="checkbox"/> Yes <input checked="" 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? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7009 3410 0002 4112 7102</p> |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |