

RECEIVED-FPSC

12 FEB 10 AM 11:05

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input checked="" type="checkbox"/> <i>Cindy Thompson</i> <i>for Mr Bernier</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>120009-EI</i> <i>06937-10; 07017-10</i>	B. Received by (Printed Name)	C. Date of Delivery
MATTHEW R BERNIER ESQUIRE CARLTON FIELDS PA 4421 W BOY SCOUT BLVD STE 1000 TAMPA FL 33607-5780	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Cindy Thompson</i> <i>for Mr Bernier</i>	
2. Article Number (Transfer from service label)	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7009 3410 0002 4112 7133		
Domestic Return Receipt		102595-02-M-1540