

RECEIVED-FPSC

14 SEP 22 AM 9: 21

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Stephen Seely</i>	
1. Article Addressed to: <b>140077-TX DN 01564-14</b>  LEON NOWALSKY ESQUIRE NOWALSKY BRONSTON & GOTHARD 1420 VETERANS MEMORIAL BLVD METAIRIE LA 70005	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery <i>9/17/14</i>
2. Article Number ( <i>Transfer from service label</i> )	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
102595-02-M-1540	7011 3500 0001 5977 6697	