

RECEIVED-FPSC

14 DEC 12 AM 8:13

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 x <i>M Prado</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>140111-EI (Return of 40 conf. DNS; See DN 06539-14)</i>	B. Received by (Printed Name) <i>M PRADO</i>	C. Date of Delivery
BLAISE N GAMBA ESQUIRE CARLTON FIELDS JORDEN BURT 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	
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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7011 3500 0001 5977 6833	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540