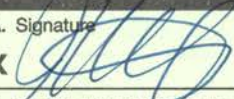


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 140110-EI & 140111-EI (Return of 14 Conf DNS: see DN 06539-14)		B. Received by (Printed Name) JEREMIAH G.	C. Date of Delivery 12/11/14
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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7011 3500 0001 5977 6826	
Domestic Return Receipt		102595-02-M-1540	

RECEIVED-PPSC
14 DEC 15 AM 9:12
COMMISSION
CLERK