

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 X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: DHT: 15053-614 PWS: 00981-15 01584-15	B. Receiver's (Printed Name) <i>[Signature]</i>	C. Date of Delivery 8/12
Ansley Watson, Jr., Esquire MacFarlane Law Firm One Tampa City Center, Suite 2000 Tampa, Florida 33602	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	
7006 0100 0003 1097 3508		
Domestic Return Receipt		102595-02-M-1540



RECEIVED FPSC
 15 AUG 14 AM 9:06
 COMMISSION CLERK