

RECEIVED-FPSC

2016 AUG -8 AM 10: 28

COMMISSION
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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"/> Agent <input type="checkbox"/> Addressee <i>Charity Arner</i>	
1. Article Addressed to: DOCKET NUMBER: 160000-OT DOCUMENT NOS: 06183-10, 07727-10, 07729-10, 07731-10, 07733-10, 07735-10 and 07737-10 Ms. Trish Kirby, Compliance Reporting Specialist Technologies Management Inc 2600 Maitland Center Pkwy, Suite 300 Winter Park FL 32790-0200		B. Received by (Printed Name) <i>Charity Arner</i>	C. Date of Delivery <i>8/4/16</i>
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7015 1520 0002 5520 2553		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	
Domestic Return Receipt		102595-02-M-1540	