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COMMISSION
CLERK

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>X</i> <i>[Signature]</i>
1. Article Addressed to: <i>DA 14058-E1</i> <i>ANS CHOST-NOB 071142-14</i> Mr. Steven. R. Griffin Beggs & Lane 501 Commendencia Street Pensacola FL 32502	B. Received by (Printed Name) <i>Asia Brown</i> C. Date of Delivery <i>12-14-10</i>
2. Article N <i>7015 1520 0002 5520 2744</i> <small>(Transfer from service history)</small>	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? (Extra Fee) <input type="checkbox"/> Yes 102595-02-M-1540