RECEIVED-FPSC 2017 JAN -5 JAN 9: 11 COMMISSION CLERK

OF NEED COMPLETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
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  A. Signature  A. Agent  Addresses  B. Received by ( Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  Yes
Mr. Steven. R. Griffin Beggs & Lane 501 Commendencia Street Pensacola FL 32502	If YES, enter delivery address below: ☐ No
	3. Service Type  Certified Mail
2. Article N 7015 1520 0002 553	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-154