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<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	
1. Article Addressed to: 00783-2014, 02000-2014 04037-2014, 04511-2014	B. Received by (Printed Name) W. BAIRD	C. Date of Delivery 9/11/17
Lance J.M. Steinhart, P.C. Victoria Martin 1725 Windeard Concourse, Suite 150 Alpharetta, GA 30005	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. 7015 1520 0002 5520 3468	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. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	