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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"/> <i>W. Baird</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>20170000-07</i> <i>04187-2014</i>	B. Received by (Printed Name) <i>W. BAIRD</i>	C. Date of Delivery <i>9/18/17</i>
Lance J.M. Steinhart, P.C. c/o Nexus Communications, Inc. 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	
	Service Type <input 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.	
2. <i>7015 0640 0001 2706 4193</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	