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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 type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Danielle Dunn</i> <input type="checkbox"/> Addressee
1. Article Addressed to: 130001-EI (23 confidential DN Returns)	B. Received by (Printed Name) C. Date of Delivery <i>Danielle Dunn</i>
STEVEN R GRIFFIN ESQUIRE JEFFREY A STONE ESQUIRE RUSSELL A BADDERS ESQUIRE BEGGS & LANE 501 COMMENDENCIA ST PENSACOLA FL 32502	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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 7011 3500 0001 5979 4080 Domestic Return Receipt 102595-02-M-1540