

RECEIVED-FPSC

13 JUL -5 AM 9:24

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.	<p>A. Signature X <i>Francis J. Bell</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <table border="1"><tr><td data-bbox="1054 722 1396 787">B. Received by (Printed Name) <i>Francis X. Bell</i></td><td data-bbox="1396 722 1575 787">C. Date of Delivery <i>7/2/13</i></td></tr></table>	B. Received by (Printed Name) <i>Francis X. Bell</i>	C. Date of Delivery <i>7/2/13</i>
B. Received by (Printed Name) <i>Francis X. Bell</i>	C. Date of Delivery <i>7/2/13</i>		
<p>1. Article Addressed to:</p> <p>City of Daytona Beach Mr. John Clary P. O. Box 2451 Daytona Beach, FL 32115-2451</p> <p><i>130094-TX</i> <i>PSC 13-0292-TX-60</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>2. Article Number (Transfer from service label)</p>	<p>7010 0780 0002 2867 9120</p>		
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>		