

RECEIVED--FPSC

13 DEC 27 AM 9:57

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input checked="" type="checkbox"/> <i>Amanda Guerin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>130000-0T</b> <b>DNS 02915-11 &amp; 02917-11</b>	B. Received by (Printed Name) <b>Amanda Guerin</b>	C. Date of Delivery <b>12/17/13</b>
<b>PATRICK D CROCKER ESQUIRE</b> <b>CROCKER &amp; CROCKER</b> <b>THE KALAMAZOO BLDG 4<sup>TH</sup> FL</b> <b>107 W MICHIGAN AVE</b> <b>KALAMAZOO MI 49007</b>	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7011 3500 0001 5979 4394	