

RECEIVED-FPSC

14 JAN 23 AM 9:03

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Christina Mader</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 1-21</p>
<p>1. Article Addressed to: <i>130140-ET</i> <i>03949-13; 04839-13; 05595-13;</i> <i>06022-13; 06158-13; 06496-13;</i> <i>06740-13; 06781-13; 06934-13</i></p> <p>RUSSELL A BADDERS ESQUIRE BEGGS & LANE 501 COMMENDENCIA ST PENSACOLA FL 32502</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 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7011 3500 0001 5979 4196</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>