

RECEIVED FPSC

15 SEP 24 AM 9:10

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 150122-TX DN02303-15		B. Received by (Printed Name) <i>Phyllis Miller</i>	C. Date of Delivery <i>9/22/15</i>
MR CAREY ROESEL TECHNOLOGIES MGMT INC STE 300 2600 MAITLAND CENTER PKWY MAITLAND FL 32751		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	
		SEP 22 2015	
		7006 0100 0003 1097 3232	
PS Form 3811, February 2004		Domestic Return Receipt 10259-02-1540	