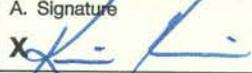


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that 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 type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Dkt: 160000-07</i> <i>Document #: 02077-12</i> <i>02197-12, 01721-13 &amp; 02123-13</i>	B. Received by (Printed Name) <i>Kyle Rie</i>	C. Date of Delivery <i>5-9-16</i>
Ms. Kimberly Geuder Technologies Management Inc. 2600 Maitland Center Parkway, Suite 300 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)	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. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7011 3500 0001 5977 7595	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540